



**CENTER FOR HEALTH SCIENCES**  
OKLAHOMA STATE UNIVERSITY

**Approval Checklist for Student Attendance at Professional Meetings and Events**  
**OMS-III and OMS-IV Students**

STUDENT: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Event/Dates: \_\_\_\_\_

Purpose of attendance: (check one)

\_\_\_\_\_ to represent OSU-CHS as a student leader, officer, or liaison. Name of club/organization: \_\_\_\_\_

\_\_\_\_\_ to present research findings

\_\_\_\_\_ for professional development

**1. Office of Registrar:**

a. \_\_\_\_\_ This student is in good academic standing with at least a GPA of 2.5.

b. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Clerkship Course Coordinator:**

a. \_\_\_\_\_ APPROVE the student's absence from:

i. Clerkship: \_\_\_\_\_

ii. Make up work is:

1. \_\_\_\_\_ Not required.

2. \_\_\_\_\_ Required as follows:

a. Make-up assignments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i. Date and time: \_\_\_\_\_

b. Testing to be completed: \_\_\_\_\_

\_\_\_\_\_

i. Date and time: \_\_\_\_\_

b. \_\_\_\_\_ I DISAPPROVE the student's attendance:

i. \_\_\_\_\_ Not in good academic standing in my course

ii. \_\_\_\_\_ Other: \_\_\_\_\_

c. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Associate Dean for Clinical Education:**

a. \_\_\_\_\_ I APPROVE the student's attendance.

b. \_\_\_\_\_ I DISAPPROVE the student's attendance.

i. Explanatory Note: \_\_\_\_\_

c. Signature: \_\_\_\_\_ Date: \_\_\_\_\_