



Clinical Absence Form

MSUCOM considers student education in the clinical year a required, participatory activity. Student attendance and participation in scheduled MSUCOM PA Medicine courses is expected and can be used in the faculty's assessment of student performance. Please refer to the [Attendance and Absence Policy and the Clinical Year Policies](#) for full details and student responsibilities. Please submit this form for any absences during the clinical (rotation) phase.

Process:

- For planned absences, immediately contact the clinical coordinator, Ashley Malliett, by email to inform her of this absence and she will communicate with the preceptor. A student will not be granted a planned excused absence without the approval of the clinical coordinator and preceptor.
- Submit this form at least one week in advance to the following people:
 - Ashley Malliett, Clinical Coordinator, amallie1@msu.edu
 - John McGinnity, Program Director, Mcginn82@msu.edu
 - Kate Braden, Executive Administrator, Bradenk1@msu.edu
 - Zainab Faessal, Curriculum Assistant, faessalz@msu.edu
- For unplanned absences, please notify Clinical Coordinator by email as soon as possible, and then submit this form within 24 hours of absence to the following people:
 - Ashley Malliett, Clinical Coordinator, amallie1@msu.edu
 - John McGinnity, Program Director, Mcginn82@msu.edu
 - Kate Braden, Executive Administrator, Bradenk1@msu.edu
 - Zainab Faessal, Curriculum Assistant, faessalz@msu.edu
- Please attach any supporting and/or requested information regarding your absence per program policy.
- The form will be uploaded to Exxat within 5 business days. The student will be notified via email if the absence is unexcused.
- You are responsible for following up with the clinical coordinator and preceptor(s) for the rotation content, clinical curriculum, and/or assessments that were missed during the absence, per program policy.

Student name: _____

Date(s) absence: _____

Courses/Sessions missed: _____

Reason for absence request:

Student signature: _____ Date: _____

Program Use Only:

Excused Unexcused

Comments:

Program Director Signature: _____ Date: _____