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# 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](https://pa.com.msu.edu/current-students/program-policies/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](mailto:amallie1@msu.edu)
  + John McGinnity, Program Director, [Mcginn82@msu.edu](mailto:Mcginn82@msu.edu)
  + Kate Braden, Executive Administrator, [Bradenk1@msu.edu](mailto:Bradenk1@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](mailto:amallie1@msu.edu)
  + John McGinnity, Program Director, [Mcginn82@msu.edu](mailto:Mcginn82@msu.edu)
  + Kate Braden, Executive Administrator, [Bradenk1@msu.edu](mailto:Bradenk1@msu.edu)
* Please attach any supporting and/or requested information regarding your absence per program policy.
* You will be notified if this absence will be categorized as excused or unexcused within 3-5 business days
* 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 (state general reason without detail about illness/condition/personal issue):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Use Only:**

Excused Unexcused

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_