LIBERTY UNIVERSITY | COLLEGE of OSTEOPATHIC MEDICINE

OMS-IV EXCUSED ABSENCE REQUEST FORM

Student First and Last Name: _____

Core Site: _____

Name of Rotation: _____

Date(s) of Requested Absence: _____

Reason for Request:

_____ _____

Student Signature **Date**

Preceptor's Full Name: _____

Approved: ◯
Denied: ◯

_____ _____

Office of Clinical Rotations Signature **Date**

Approved: ◯
Denied: ◯

_____ _____

Assist Dean of Clinical Education Signature **Date**

If at Core Site:

Approved: ◯
Denied: ◯

_____ _____

Preceptor's Signature **Date**

The student will make up all missed time with the assigned preceptor:

Approved: ◯
Denied: ◯

_____ _____

Core Site Coordinator's Signature **Date**

Planned absences must have this request approved in writing by the Office of Clinical Rotations and the Assistant Dean of Clinical Education at least 30 days prior to the absence.

Unplanned absences must have this form submitted as soon as the student is able to complete it, but no later than the date of return to the rotation.

Completion of this form does not constitute an automatic approval.