



OMS 1 and 2

Student Request for an Unplanned Excused Absence

Unplanned excused absences are those that are unexpected that a student has no advance knowledge of and requires an absence from a Mandatory Learning Activity.

Students requesting an unplanned excused absence must complete and submit Part A and return this form in its entirety and all required documentation to the Office of Medical Education within 3 days of returning to school. If the absence was due to an illness or medical emergency, the student must also submit Part C, completed by the treating physician, upon returning to class, to the Office of Medical Education.

Submission of this form does not guarantee an excused absence. Additional documentation may be required.

Part A: Completed by the student and submitted to Med Ed		
Student Name:	<input type="checkbox"/> OMS 1 <input type="checkbox"/> OMS 2	Date Submitted:
Date(s) Absent: Start:	End:	# of days absent:
Reason for request:		
<input type="checkbox"/> Sudden Illness, explain:		
<input type="checkbox"/> Medical Emergency – Self, explain:		
<input type="checkbox"/> Medical Emergency – Immediate Family Member, explain:		
<input type="checkbox"/> Non-medical Emergency, explain:		
<input type="checkbox"/> Other, explain:		
Required documentation attached (list):		
Name of Course(s) Missed: (list each course on a separate row)	Mandatory Learning Activities Missed: (list all MLA lectures, labs, exams, SGLs, etc. that you would miss)	Date(s) Missed:
On the dates listed above, I was unable to attend class due to an illness/medical emergency/other emergency of such severity as to prevent me from meeting my academic obligation. I understand that providing false information to the College is prohibited under the Honor Code of Conduct and may result in disciplinary action.		
Student Signature		Date



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Part B: Office Use Only	
This section completed by the Director for Medical Education:	
Date form submitted:	
Absences:	Number of excused absences this block ; this AY Number of unexcused absences this block ; this AY
Student has failing grades this block or is on academic probation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director for Medical Education Signature:	Date:
This section completed by the Associate Dean for Pre-Clinical Education:	
Decision: <input type="checkbox"/> Excused Absence granted for the dates requested <input type="checkbox"/> Excused Absence granted for the following day(s) ONLY: <input type="checkbox"/> Excused Absence not granted <input type="checkbox"/> Additional documentation required prior to approval (list):	
Associate Dean for Pre-Clinical Education Signature:	Date:



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Part C - Physician Use Only (to be completed for medical absence and reviewed by the Campus Dean):

To the Physician: A student of The Edward Via College of Osteopathic Medicine (VCOM) is making a request for an excused absence for a sudden illness or medical emergency that caused an absence from class. VCOM requires documentation from the treating physician in support of the request for an excused absence and the College reserves the right to ask for additional documentation. It is the student who is making this request, and is to authorize you to provide medical information.

Student Name:

Treatment Dates Date(s) student was examined/hospitalized:

First date student was unable to attend class:

Date student may return to class:

Upon returning to class the student is: Not restricted of activity/no modifications needed

Restricted from activity/modifications needed (specify below):

Restriction(s):

Length of Restriction(s):

Laboratory test results attached? Yes No

Diagnosis:

Reason for Absence: Hospitalization Confinement to Bed Confinement to Home

Surgery, explain:

Otherwise Restricted, explain:

Licensed Physician/Other Practitioner Signature:

Date:

Printed Name:

Degree:

Physician Relationship to Student (disclose all that apply): Primary Care Physician of Student

Other, explain: