



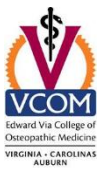
OMS 1 and 2 Student Request for a Planned Excused Absence

Planned excused absences are those that a student is aware of a minimum of 15 days prior to the absence and requires an absence from a Mandatory Learning Activity.

Students requesting a planned excused absence must complete and submit Parts A and B of this form and all required documentation to the Office of Medical Education a minimum of 15 days prior to the requested absence to assure all requirements can be met upon returning. If requesting a planned excused absence for a medical procedure/condition known in advance, 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. Students are strongly encouraged not to make any travel plans before receiving an approval. Additional documentation may be required.

Part A (completed by the student – must also complete Part B):		
Student Name:	<input type="checkbox"/> OMS 1 <input type="checkbox"/> OMS 2	Date Submitted:
Date(s) Requested: Start:	End:	# of days absent:
Reason for request:	<input type="checkbox"/> Conference, explain: <input type="checkbox"/> VCOM Sponsored Activity, explain: <input type="checkbox"/> Medical Procedure, explain: <input type="checkbox"/> Court Appearance, explain: <input type="checkbox"/> Special Event (i.e. wedding, graduation), explain: <input type="checkbox"/> Other, explain:	
Required documentation attached (list):		
Student must ask the Associate Dean for Student Affairs to complete this section if request is for a conference:		
Student has met the conference limit this academic year (1 conference per AY).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student is Officer/Rep and is required to attend more than 1 conference per AY.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The conference is one that has been approved by the Campus Dean.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preliminary Approval by the Associate Dean for Student Affairs is: <input type="checkbox"/> Granted <input type="checkbox"/> Not Granted		
_____ Associate Dean for Student Affairs Signature	_____ Date	
I attest that my submission for a planned excused absence is accurate and truthful. I understand that providing false information to the College is prohibited under the Honor Code of Conduct and may result in disciplinary action. I pledge on my honor that I have not provided false information.		
_____ Student Signature	_____ Date	



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Part B

Completed by the student and confirmed by the Director for Medical Education:			Completed by the Office of Medical Education after AD approval:	
Name of Course to be Missed	Exams/Assignments/Labs to be Missed	Date to be Missed	Date/Time of Make-up	Date Course Director Notified



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Part C - Physician Use Only (to be completed for medical absence and reviewed by the Campus Dean):	
<p>To the Physician: A student of The Edward Via College of Osteopathic Medicine (VCOM) is making a request for a planned excused absence for a medical procedure or condition that was planned and known a minimum of 30 days prior to the absence. 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.</p>	
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:	<input type="checkbox"/> Not restricted of activity/no modifications needed <input type="checkbox"/> Restricted from activity/modifications needed (specify below): <div style="margin-left: 40px;">Restriction(s):</div> <div style="margin-left: 40px;">Length of Restriction(s):</div>
Laboratory test results attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis:	
Reason for Absence:	<input type="checkbox"/> Hospitalization <input type="checkbox"/> Confinement to Bed <input type="checkbox"/> Confinement to Home <input type="checkbox"/> Surgery, explain: <input type="checkbox"/> Otherwise Restricted, explain:
Licensed Physician/Other Practitioner Signature:	Date:
Printed Name:	Degree:
Physician Relationship to Student (disclose all that apply):	<input type="checkbox"/> Primary Care Physician of Student <input type="checkbox"/> Other, explain: