

**Michigan State University
Psychiatry Clerkship
College of Osteopathic Medicine (COM)
Clerkship Excused Absence Request Form**

Attendance at all scheduled Psychiatry Clerkship activities is mandatory. If a student is unable to be present for scheduled clerkship activities because of extenuating circumstances, the student is required to complete a COM Excused Absence Request form.

In all cases except for emergencies and sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is signed by the Lead Clerkship Director or Community Clerkship Director. Once approved, the student is required to notify their preceptor within 24 hours. Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship. Unexcused absences are considered unprofessional behaviors and will be noted as a mark of unprofessionalism on the student's performance evaluation. Unprofessional behavior may lead to failure of the clerkship.

Should a student miss more than 2.5 (excused or unexcused) days from the 4 week clerkship, the student may be subject to repeating the clerkship. Absences must be made up by the student unless the absence is a mandatory university activity. Makeup experience will be determined by the community clerkship director or lead clerkship director but could include additional clinical days or written assignments. If a student has an emergency absence, at the time of the absence the student must notify the Community Clerkship Assistant or Department Administrator as well as their preceptor. The excused absence request form must be submitted to the Psychiatry Medical Education Office within 24 hours of the original emergency or sudden illness notification.

NOTE: *Students cannot be absent the first or last calendar day of the Psychiatry Clerkship rotation – requests to be absent will be denied for these days*

Student Name:

Dates requesting to be absent:

Reason for absence (be as specific as possible):

Student Signature _____ Date: _____

Clerkship Directors/Coordinators: State below the **remediation plan** as discussed and agreed upon with the student.

Approved by:

Clerkship Director: _____ Date: _____

Psychiatry Clerkship Office: _____ Date: _____