Approval Checklist for Student Attendance at Professional Meetings and Events
OMS-I and OMS-II Students

Student Name: ____________________________________________ Banner ID: __________

Event/Dates: ______________________________________________________________________

Purpose of attendance: (check one)
_____ to represent OSU-CHS as a student leader, officer, or liaison. Name of club/organization: _____________
_____ to present research findings
_____ for professional development

1. Office of Registrar:
   a. _____ This student is in good academic standing with at least a GPA of 2.5.
   b. Signature:_________________________ Date: ________________________________

2. Course Coordinator:
   a. _____ I APPROVE the student’s absence from:
      i. Course: ____________________________________________________________________
   b. Make up work is:
      1. _____ Not required.
      2. _____ Required as follows:
         a. Make-up assignments:_______________________________________________________

         __________________________________________________________________________

         __________________________________________________________________________

         __________________________________________________________________________

         i. Date and time:_____________________________________________________________
   b. Testing to be completed:_______________________________________________________

         __________________________________________________________________________

         __________________________________________________________________________

   b. _____ I DISAPPROVE the student’s attendance:
      i. _____ Not in good academic standing in my course
      ii. _____ Other: _______________________________________________________________
   c. Signature:_________________________ Date: ________________________________

3. Assistant Dean for Enrollment Management:
   a. _____ I APPROVE the student’s attendance.
   b. _____ I DISAPPROVE the student’s attendance.
      i. Explanatory Note:___________________________________________________________
   c. Signature:_________________________ Date: ________________________________

Cc: Christopher Thurman, D.O., Associate Dean for Clinical Education and Simulation.
    Angela Bacon, M.S., Interim Assistant Dean for Student Life.
    Shelly Houk, Director of Clinical Education and Simulation.