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:________________________________________________________
      ii. Make up work is:
         1. _____ Not required.
         2. _____ Required as follows:
            a. Make-up assignments:___________________________________________
               __________________________________________________________________
               __________________________________________________________________
               __________________________________________________________________
               i. Date and time:______________________________________________
      b. Testing to be completed:_________________________________________
         ______________________
         i. Date and time:______________________________________________
   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.
    Robert Sammons, M.A., Director of Clinical Education
    Angela Bacon, M.S., Director of Student Affairs