STUDENT: ___________________________________________________ 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. Clerkship Course Coordinator:
   a. _____ APPROVE the student’s absence from:
      i. Clerkship: ____________________________________________________________________
      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. Associate Dean for Clinical Education:
   a. _____ I APPROVE the student’s attendance.
   b. _____ I DISAPPROVE the student’s attendance.
      i. Explanatory Note: _______________________________________________________
   c. Signature: ___________________________ Date: ____________________________

Cc: Jeff Hackler, J.D., M.B.A., Assistant Dean for Enrollment Management.
    Angela Bacon, M.S., Interim Assistant Dean for Student Life.