



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Request for Approval of Absence from MD Program Form

Student Name: _____ Year Level: _____ Date Submitted: _____
(year/month/day)

This is a request to be absent from MD program sessions for more than one day for: **(Check One)**

ACADEMIC EVENT

e.g. attendance at a conference, academic-related event.

1. Request is to be **submitted** at least 2 weeks prior to the proposed absence. Late requests may not be accepted.
2. Submit completed request (form) to records@nosm.ca

PERSONAL

e.g. health, family or personal issues.

1. Unless an emergency/crisis, **request** to be **submitted** as early as possible **prior** to expected absence. Late requests may not be accepted.
2. Submit completed request (form) to records@nosm.ca

Sessions to be missed: (Please Print)

(List all by date, session type & section number and tutor/facilitator name, e.g. Nov 6/06, CBL 103.10, Dr. White)

Date(s)	Module Session & Section # e.g. M104-CBL, WGS, ICE, VAR etc.	Name with Title e.g. Dr., Ms., Mr. of: Phase 1: Tutor/Facilitator Phase 2: Site Liaison Clinician Phase 3: Rotation Coordinator/Preceptor(lead)

Reason for interruption in attendance (longer narratives accepted – attach as needed):

Student Signature

Prior to submitting form, student must obtain the following signature/email confirmation:

For Phase 1 (ICE 106, 108, 110): Site Supervisor / LCC Signature: _____ Date: _____
(year/month/day)

For Phase 2: Site Liaison Clinician Signature: _____ Date: _____
(year/month/day)

For Phase 3: Rotation Coordinator/Preceptor (lead) Signature: _____ Date: _____
(year/month/day)

Office Use Only: (See also any attached correspondence)

Phase Coordinator (when required): Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> Date: _____ (year/month/day) Signature: _____	Assistant Dean, Learner Affairs or designate: Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> Date: _____ (year/month/day) Signature: _____
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NOTE: The information obtained on this form shall be used only for the purpose(s) consistent with which it is collected.
Any questions on this collection should be directed to the NOSM Records Officer records@nosm.ca

In deciding whether to approve an absence from the Undergraduate Medical Education program, those tasked with approving an absence are welcome to consult with other agencies within the School (e.g. Learner Affairs, Records Officer, preceptors, etc.), and should take into account the following considerations:

- a. Previous absences from this rotation/module/educational session type
- b. Cumulative absences to date this academic year (the Records Officer will provide this, if relevant)
- c. Standing on completion of program requirements (e.g. up to date with all essays, forms, and other submissions)
- d. Impact on other students, of the absence of this individual
- e. Impact on patient care, of the absence of this individual
- f. The purpose of the absence:
 - a. For NOSM-related business or to fulfill leadership duties (e.g. CFMS, OMA, PARO, or other such medical organizations)
 - b. To present a paper at a conference
 - c. To enhance knowledge or skills (e.g. medical conference appropriate to level of training, or leadership/administrative training)
- g. The student's academic standing (are they already at risk of failing?)
- h. Possibility of making alternative arrangements to fulfill academic requirements missed by the absence.