

## 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. presenting 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](mailto: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](mailto: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)

<p><b>Phase Coordinator (when required):</b></p> <p>Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> Date: _____ (year/month/day)</p> <p>Signature: _____</p>	<p><b>Assistant Dean, Learner Affairs or designate:</b></p> <p>Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> Date: _____ (year/month/day)</p> <p>Signature: _____</p>
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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](mailto: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. Conferences:
    - i. Students must at least be presenting a paper at a conference.
    - ii. For Phase 2 students:
      - 1. Students attending approved conferences may be required to make a presentation to their student colleagues and faculty in their CCC community.
      - 2. Only conferences of 2 days or less and minimal travel time (e.g. approximately 2 hr) will be considered
      - 3. If a Phase 2 student is not presenting at a conference, approval for attending an **annual** conference for the purposes of networking, pursuing future interests, leadership/administrative training, and/or specialty training will be evaluated on a case by case basis after reviewing all of the considerations listed in this form.
- 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.

DO NOT REMOVE THIS DOCUMENT HISTORY RECORD		
Version	Date	Author/Comments/Amendments/Approvals
	03 Sept 2015	Approved by UMEC
	08 June 2016	Changes proposed by Plstvan and JShack
	01 Sept 2016	Approved by UMEC