



School of Medicine

## Application for Excused Absence for Scientific Conference

Use for absences of one day or more (not necessary for WSU or Henry Ford student presentation days or others not requiring travel)

Note: Students are not allowed to miss clerkship orientation or days of required activities that have no makeup. Students are not allowed to be gone for the dates of any exams. Foreign travel (except nearby Canada) is not allowed. Excused dates cannot be extended after commencement of travel and travel delays are not viable excuses. This request must be filed 60 days in advance of the meeting and is revocable at any time if there are changes in the student's eligibility status.

Name: \_\_\_\_\_

Class of: \_\_\_\_\_

Current rotation: \_\_\_\_\_

Dates of conference that you are requesting: \_\_\_\_\_

\_\_\_\_\_

Additional travel days/dates that you are requesting: \_\_\_\_\_

Name and location of conference: \_\_\_\_\_

Title and authors of work being presented: \_\_\_\_\_

\_\_\_\_\_

Type of presentation forum (Check):

Student session

Resident session

General session

Specific date of the presentation: \_\_\_\_\_

Briefly describe your role in the research and the writing of the paper and presentation:

\_\_\_\_\_



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**Role in presentation (Check One):**

I will be personally presenting the paper from the podium

A Coauthor will be presenting the paper from the podium

I will personally be giving a formal poster presentation (paper or e-poster)

A coauthor will be giving a formal poster presentation (paper or e poster)

I will not be presenting but only hanging up a poster and standing by during scheduled hours

**On Track (i.e. not delayed in starting Y#):**

Yes

No

**Clinical clerkship failures:**

Yes

No

**Previous professionalism citations:**

Yes

No

**Previous excused absences for research or conferences (Outline Dates and Details):**

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## Signature Page (No e-signatures)

I attest that this information is portrayed accurately.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior author/author/principal investigator signature (*no e-signatures*): \_\_\_\_\_

Detailed plan for make-up of work: \_\_\_\_\_

**WSUSOM Approvals:**

Days approved\_\_\_\_.

Last date and time before leaving for meeting\_\_\_\_\_

Date and time of return to clinical clerkship activity\_\_\_\_\_

**Signatures of approval:**

Clerkship director \_\_\_\_\_

Clerkship coordinator\_\_\_\_\_

Counselor \_\_\_\_\_

Associate Dean for Clinical Education\_\_\_\_\_

Associate Dean for Student Affairs \_\_\_\_\_

- **Please attach to email: Letter of acceptance of abstract and a copy of the poster or presentation.**
- **Submit completed form to the Associate Dean for Clinical Education**

The clerkship committee has determined that a student may be excused from and make up no more than 10% of clerkship time. This includes time missed for illness, scientific meetings, and any other excused absences. This applies to actual clerkship teaching days, i.e., a one-month clerkship has 17-20 actual days. Weekends are not included. Exams and orientation cannot be excused, nor can other required activities.