

Harlem Campus
Middletown Campus
Great Falls Campus

Student Request Form for an Excused Absence

This form must be completed and submitted along with supporting documentation (if required), to the Office of the Dean of Student Affairs within 24 hours of returning to school. To report a medical excuse, include the second page (**Part B**) along with this page, to the Dean of Student Affairs.

Submission of this form does not guarantee an via email.	excused absence. Pleas	e submit the completed for	m to the Office of Student Affairs			
Student Name:		Student ID:	Class of:			
Date(s) of Absence: From:	To:	Numbe	er of Days Absent:			
Course(s) Missed: List lecture(s) & lab(s) separately, e.g., if you missed OMM lecture and lab, you must list both.						
Reason for Absence(s): Non-Medical	l Medical If medica	al, please refer to Part B - to	be completed by the physician.			
Part A:						
OFFICE USE ONLY						
Number of times student previously requested excused absences:						
☐ Interview with student requested before decision.						
Appointment Date & Time:						
Interview findings:						
Excused Absence not granted.						
Excused Absence granted.						
Excused Absence granted for the	following day(s) Ol	NLY:				
Dean of Student Affairs' Signature: _			Date:			
Student, I.T. Specialist, and Cours	e Directors informe	ed of decision.				
E-mail sent by (Printed Name):		(On:			



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Student Request Form for an Excused Medical Absence

To the Physician:

A student of The Touro College of Osteopathic Medicine is making a request for an excused absence. Medical excuses should be provided in limited circumstances when a medical condition poses a threat to the student and/or the students' classmates. Your signature attests that such conditions are met.

The College reserves the right to ask for additional documentation in support of the request for an excused absence. Being seen in a physician's office does not satisfy the requirement for a medical excuse. Acute trauma, immunocompromised status, or having a communicable condition (documented with laboratory confirmation) are examples that might meet the requirement for a medical excuse. It is the student who is making this request, and is to authorize you to provide medical information. The student is charged with the responsibility to inform the physician that in order to be excused from a medical school examination, a medical note documenting the reason why it was a danger to the student and/or to the students' classmates, must be provided.

Part B:

PHYSICIAN USE ONLY				
Date student was examined:				
Student Name:				
First date student was unable to attend class:				
Date student may return to class:				
Laboratory test results attached? Yes No				
Reason for Absence:				
<u></u>				
Physician's Signature:				
Date:				
	AFFIX PHYSICIAN'S STAMP ABOVE			