

Medical Student Status Form

Medical Student Status Form (MSSF) are collected by the College of Medicine to track various actions of students. The majority of the forms are used to track student's absence from **required** activities. Students also use the form to submit transfer requests to another medical school, withdrawal from the College of Medicine, and Leave of Absences.

Forms will be submitted to the appropriate department for approval. M1 and M2 are sent to either the Associate Dean of Student Affairs and Advising or the M1/M2 Medical Education Curriculum Chair. M3 and M4 requests are approved by the departments.

Please select action:

Absence
 Withdrawal from COM
 Transfer
 LOA
 Remediation

Form#	Action	Activity Date	Course/Clerkship					Documents	Active
5060	Temporary Absence	10/15/2019	Learning Community 101-26950128	No	Y	Other Large group discussion	Complete		✓
5333	Temporary Absence	11/19/2019	Fundamentals of Cellular Medicine-26950107	No	Y	Dissection Laboratories/ Laboratories	Complete		✓
5333	Temporary Absence	11/19/2019	Learning Community 101-26950128	No	Y	Learning Communities	Complete		✓
16222	Temporary Absence	2/8/2021	Clinical Skills 202-26950219	No	Y	Clinical Skills	Complete		✓
24238	Temporary Absence	9/20/2021	PEDIATRICS CORE CLKSP -26961373	No		Clinical Rotation	Complete		✓
Cancel 26766	Temporary Absence	5/10/2022	FAMILY MEDICINE CORE CLKSP -26920371	No	Y	Clinical Rotation	Pending		✓
Cancel 26766	Temporary Absence	5/11/2022	FAMILY MEDICINE CORE CLKSP -26920371	No		Clinical Rotation	Pending		✓
26766	Temporary Absence	5/12/2022	FAMILY MEDICINE CORE CLKSP -26920371	No		Clinical Rotation	Cancel Complete		✗
Cancel 26766	Temporary Absence	5/10/2022	FAMILY MEDICINE CORE CLKSP -26920371	No	Y	Clinical Testing	Pending		✓
Cancel 26767	Temporary Absence	5/10/2022	FAMILY MEDICINE CORE CLKSP -26920371	No	Y	Other	Pending		✓
Cancel 26767	Temporary Absence	5/12/2022	FAMILY MEDICINE CORE CLKSP -26920371	No		Clinical Rotation	Pending		✓
26778	Temporary Absence	5/11/2022	FAMILY MEDICINE CORE CLKSP -26920371	Yes	Y	Clinical Rotation	Complete		✓

Absence Totals

AcadYr	CourseNo	CourseName	Planned?	Total Days
2019-2020	26950107	Fundamentals of Cellular Medicine	N	1.0
2019-2020	26950128	Learning Community 101	N	2.0
2020-2021	26950219	Clinical Skills 202	N	1.0
2021-2022	26920371	FAMILY MEDICINE CORE CLKSP	N	2.0
2021-2022	26920371	FAMILY MEDICINE CORE CLKSP	Y	1.0
2021-2022	26961373	PEDIATRICS CORE CLKSP	N	0.5

A listing of submitted actions will be displayed. Listing includes the form#, the type of action, the from/to date of the action, the course/clerkship that was missed, the date of each activity missed during the absence, indication if it was a full day absence, the activity missed, the status of the activity, if documents have been uploaded, and if the action is active/inactive. A tally of total absences submitted per course will also be displayed.

Absence:

Students are required to submit a form when they are absent from school during required activities.

MSSF Request Form

Absence Form for Required Student Activities

IMPORTANT: It is the student's responsibility to contact the course director to determine if there are MANDATORY make up activities/assignments that must be completed regardless of whether the absence is excused or unexcused.

Please select the date(s), course(s) and activities for ALL required events missed during your absence on this form. Multiple Events can be submitted on the same form.

Select the Course/Date/activity and press 'Add Activity' for each record. After all activities have been entered for this absence, submit form.

You will be prohibited from selecting any planned absence on a blackout date. M3 Blackout Dates

Is this Absence: Planned UnPlanned

AcadYear: 2021-2022 ▼

Course: Select Course ▼

Best reason for absence: Conference (required documentation: Invitation)

Jury Duty

Medical Appointment

Other, Please Specify

Personal Day

Residency Interview

Date of Absence : mm/dd/yyyy □

Time Missed : Full Day 1/2 Day *If 1/2 day, please define which part of the day will be missed in the comments above.*

Activity: Assessments ▼ Please specify:

All required activities missed during the absence need to be listed on this form.

Absences are either **Planned** or **Unplanned**. Planned absences must be submitted with at least 2 weeks' notice. Anything in the next two weeks would be considered unplanned.

Absences cannot be submitted on blackout dates. Not all blackout dates may be prohibited from being entered into the system due to various clerkship rotations variations in scheduling. Please check with your course coordinator to determine any site/rotation specific dates. M4 rotations will be blocked the first and last day of any rotation. Please refer the Student Handbook for more details on the absence policy.

Select the **reason** for the absence. Please provide additional **comments** concerning your absence if required. Please note that certain documentation is also required depending on the reason for the absence. If students are absent due to a conference, the student should be in good standing.

Enter the **date** of absence and indicate if this is a full day absence. For half-day absence, please indicate in the comment box which part of the day you will be absent. Based on the course year, the **activity** dropdown box will be pre-populated. If activity of 'Other' is selected, please specify the other activity in the box provided.

Multiple activities can be listed for each temporary absence. Select the **Add Activity** after each activity.

Date of Absence :

Time Missed : Full Day 1/2 Day If 1/2 day, please define which part of the day will be missed in the comments above.

Activity: Please specify: Add Activity

CourseName	ActivityDate	ActivityDesc	Full Day	Planned	
Brain, Mind and Behavior (02/21/2022-05/20/2022)	2022-05-13	Examination	Y	Y	Delete

When all activities have been listed, press the **submit** button at the bottom.

Withdrawal from the College of Medicine

Student wishing to withdraw must submit an official request. Requests will be forwarded to the Associate Dean of Student Affairs for approval.

Please select action:

- Absence
 Withdrawal from COM
 Transfer
 LOA
 Remediation

Request Date: 12/15/2014 Status: Unsubmitted

Withdrawal from the University of Cincinnati - College of Medicine

Withdrawal Date:

I request a withdrawal from medical school for the following reason(s):

Medical
 Career Exploration
 Family Reasons
 Academic
 Other; Please Specify

If 'Other', please specify:

Complete the withdrawal date and the reason for your withdrawal.

Transfer

Student wishing to transfer from the COM to another institution must submit an official request. Requests will be forwarded to the Associate Dean of Student Affairs for approval.

Please select action:

- Absence Withdrawal from COM Transfer LOA Remediation

Request Date: 12/15/2014	Status: Unsubmitted
Transfer Request from University of Cincinnati - College of Medicine	
Transfer to School: <input type="text"/>	Date: <input type="text"/>
<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>

Leave of Absence

Students wishing to take a leave of absence must also submit a request. Students are only eligible to submit a request for a voluntary LOA. Mandatory or Emergency LOA will be submitted by the Assistant Dean for Academic Advising or the Associate Dean of Student Affairs.

Enter the reason for the leave and the dates requested. Please note that PAC must approve all requests. An email must be sent to PAC. Students can select the link associated with the PAC or ADSAA.

Request Date: 12/15/2014	Status: Unsubmitted
Medical Student Leave of Absence Form	
LOA Type: <input type="text" value="Voluntary LOA"/>	
This petition must be approved by appropriate PAC prior to student going on LOA. Student is to remain in coursework until notified by PAC of its decision on whether to grant the LOA.	
I request a Leave of Absence from medical school for the following reason(s):	
<input type="radio"/> Medical	
<input type="radio"/> Career Exploration	
<input type="radio"/> Family Reasons	
<input type="radio"/> Academic Enrichment (research, fellowship, etc.)	
<input type="radio"/> Other, Please Specify	
If 'Other', please specify: <input type="text"/>	
Please provide a separate statement via email to PAC chair & ADSAA describing the following as is relevant*:	
<ul style="list-style-type: none">Reason(s) for requested LOASpecific actions step you will take during the LOA to resolve the issues/circumstances necessitating the leaveAn anticipated date of return to medical schoolIf the LOA is for medical reasons, documentation is required from the evaluating physician, or in the case of mental health, a licensed clinical psychologist or psychiatrist. This documentation should include a statement indicating that the student is under the provider's care and the student is currently unable to continue her/his medical education responsibilities. The provider, as defined above, should not be a family member of the student's (as defined by University Policy).If the LOA is for research, documentation is required from the faculty supervisor on the research project providing a description of the student's role and responsibilities.	
*It is suggested that the student meet with a member of the Office of Student Affairs when preparing this part of the petition for a LOA.	
Date Requested LOA to Begin: <input type="text"/>	Anticipated Date of Return <input type="text"/>
Decision on Petition for LOA : PAC chair will notify student via email within 24 hours of its decision. A formal letter will follow.	
Return from a LOA is not automatic. Student must petition to return from a LOA. Students should provide a personal statement that addresses the following areas as applicable:	

Upload Documentation

Some Actions require documentation prior to approval by the appropriate departments. Student should click the link to upload documentation.

 [Upload Documentation](#)

Documentation that is needed to approve the requests are:

- Conference (required documentation: Invitation)
- Family Death (required documentation: Funeral Program)
- Illness (required documentation: MD note for 2 or more consecutive days)

Select Form#:

Select File to upload: No file chosen

(.doc, .docx, .pdf)

Select the **Form number** associated with the absence. Please note that documentation is not needed for each activity missed, but for the absence that was missed. Select the **File** to upload. Select the **'Upload'** button. Once submitted, an icon representing documents will be displayed in the listing of all actions.

Cancel

If a form has been submitted for a future date and needs to be cancelled, press the **'Cancel'** link corresponding to the appropriate activity. If you have multiple activities listed, each will need to be cancelled. Only absences submitted for future dates are permitted to be cancelled. The registrar will approve any cancellations. If the registrar chooses, the cancellation request can be denied. If this occurs, the request will be forwarded to the appropriate department for approval. Any cancelled requests will remain on file, however the status of the request will be inactive. Those requests contain a red X in the active column.

Emails

Students will receive an email when a request is submitted or documentation uploaded. The corresponding department responsible for approval and the registrar will also receive an email notification when request submitted or documentation uploaded. After a request has been approved, the student, corresponding department and registrar will receive a confirmation email.