



School of Education

PRIOR APPROVAL ABSENCE FORM

NOTE: This form must be approved and signed prior to an authorized absence from your field/clinical experience.

_____ is hereby authorized to be
Candidate Name

absent from the field/clinical experience site on _____ and return on
Date/Time

_____ to go to _____
Date/Time Destination

	Professional Meetings/Conferences/Workshops (documentation required)		Serious immediate family illness/death
	School sponsored activity (field trip, etc.) (documentation required)		Medical emergency/appointment that cannot be scheduled at another time (documentation)
	Attendance in court (documentation required)		Other: (please explain in remarks) (documentation may be required)

Remarks:

Required signatures prior to formal submission of Prior Approval Absence form:

Collaborative teacher Clinical Supervisor

Required signature for Final Approval

Field Coordinator

Candidates must make up hours missed and document those hours as completion of absence from clinical placement. The cooperation teacher must sign-off on those hours.

Date Absent	Hours Missed	Make-Up Date	Hours	Teacher Signature