

## School of Education

## PRIOR APPROVAL ABSENCE FORM

Abbent from the field/clinical experience site on			is hereby authorized to be
Date/Time Destination    Professional Meetings/Conferences/Workshops (documentation required)   School sponsored activity (field trip, etc.)   Medical emergency/appointment that cannot be (documentation required)   scheduled at another time (documentation)   Attendance in court (documentation required)   (documentation may be required)   (documentation may be required)		Candidate Name	·
Date/Time Destination    Professional Meetings/Conferences/Workshops (documentation required)   School sponsored activity (field trip, etc.)   Medical emergency/appointment that cannot be (documentation required)   scheduled at another time (documentation)   Attendance in court (documentation required)   (documentation may be required)   (documentation may be required)	bsent from the	field/clinical experience site on	and return on
Professional Meetings/Conferences/Workshops (documentation required)  School sponsored activity (field trip, etc.) (documentation required)  Attendance in court (documentation required)  emarks:  equired signatures prior to formal submission of Prior Approval Absence form:  Clinical Supervisor  equired signature for Final Approval  eld Coordinator  Candidates must make up hours missed and document those hours as completion of absence from clinical lacement. The cooperation teacher must sign-off on those hours.			Date/Time
Professional Meetings/Conferences/Workshops (documentation required)  School sponsored activity (field trip, etc.) (documentation required)  Attendance in court (documentation required)  Clinical Supervisor  Clequired signature for Final Approval  Candidates must make up hours missed and document those hours as completion of absence from clinical slacement. The cooperation teacher must sign-off on those hours.		to ao to	
(documentation required)   School sponsored activity (field trip, etc.)   Medical emergency/appointment that cannot be scheduled at another time (documentation)   Attendance in court   Other: (please explain in remarks)   (documentation required)   (documentation may be required)     Prior Approval Absence form:			Destination
School sponsored activity (field trip, etc.) (documentation required) Attendance in court (documentation required) (documentation required)  Attendance in court (documentation required)  Cher: (please explain in remarks) (documentation may be required)  Remarks:  Clinical Supervisor  Required signature for Final Approval  Clinical Supervisor  Clinical Supervisor  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.			Serious immediate family illness/death
(documentation required)   Scheduled at another time (documentation)	(docun	nentation required)	NA P. I. A.
Attendance in court (documentation required)  emarks:  equired signatures prior to formal submission of Prior Approval Absence form:  Clinical Supervisor  equired signature for Final Approval  eld Coordinator  and idates must make up hours missed and document those hours as completion of absence from clinical lacement. The cooperation teacher must sign-off on those hours.	School	sponsored activity (field trip, etc.)	- · · · ·
emarks:  equired signatures prior to formal submission of Prior Approval Absence form:  collaborative teacher  equired signature for Final Approval  eld Coordinator  candidates must make up hours missed and document those hours as completion of absence from clinical lacement. The cooperation teacher must sign-off on those hours.			
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Date Absent Hours Missed Make-Up Date Hours Teacher Signature	equired signato	ire for Final Approval	
	equired signatueld Coordinator	ure for Final Approval  The make up hours missed and document the	ose hours as completion of absence from clinical
	equired signatueld Coordinator andidates must	re for Final Approval  make up hours missed and document th cooperation teacher must sign-off on tho	ose hours as completion of absence from clinical see hours.