

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