



PRACTICUM ABSENCE REPORT

For information on absences, please see page 13 in the Field Experience Handbook

This form should be used as an **advance** application to be absent from practice teaching or to report an absence due to sickness. In both cases it should be submitted to the Field Experience Office as soon as possible. A copy will be returned to you for your records and for confirmation that the time has been completed. All practicum days missed, including In-school days, **must** be made up. Only the Dean and Associate Dean (Pre-Service) have the authority to waive this policy.

Name (Last, First): _____

Local Contact Number: _____ E-Mail: _____

Date(s) of Absence: _____

School: _____

Associate/Mentor Teacher: _____ Advisor: _____

Please state reason for the absence:

I agree that the personal information contained in this form will be used by the Field Experience Office to determine the approval or non-approval of the absence request.

Candidate's Signature: _____ Date: _____

Signature of Associate Dean (Pre-Service) indicating **prior** approval (required in cases other than illness):

_____ Date: _____

The following section should be filled out following completion of the necessary make up times. The completed form should then be returned to the Field Experience Office.

Total number of days missed: _____

Make Up Date(s)	Associate/Mentor Teacher	Name of the School	Associate/Mentor Signature & Date

Advisor's Signature: _____ Date: _____