

Faculty of Education PRACTICUM ABSENCE REQUEST/REPORT FORM

This form should be used as an <u>advance</u> application to be absent from practice teaching or to report an absence due to illness. In both cases the form should be submitted to the Field Experience Office as soon as possible, along with a copy of appropriate documentation (such as a Doctor's note), if required. A copy will be returned to you for your records and for confirmation that the time has been completed. All missed practicum days <u>must</u> be made up. Only the Dean and Associate Dean (Pre-Service) have the authority to waive this policy. For more information about the absence policy, please see the Field Experience Handbook.

Teacher Candidate Name (L	ast, First):			
Local Phone Number:		Email:	@uwindsor.ca	
Date(s) of Absence:	Date(s) of Absence:		Total # of days:	
Placement School:				
Associate/Mentor Teacher:	-	Advisor:		
Reason for Absence:				
the approval or non-approval o			perience Office to determine	
Teacher Candidate's Signature		Date		
*required	or or Associate Dean (Pre-Serv	APPROVAL DE	:NIED	
This section is for Associate/I completed their missed pract	Mentor Teacher use only. It shicum time.	ould be completed after i	the teacher candidate has	
Make Up Date(s)	Associate/Mentor	School	Associate/Mentor	
	Teacher Name		Teacher Signature	
	reacner Name		reacner Signature	
	Teacher Name		Teacher Signature	