



OFFICE OF CLINICAL EXPERIENCES
COLLEGE OF EDUCATION

Absentee Form

NOTE: This form must be submitted to the Office of Clinical Experiences and approved PRIOR to leaving the internship site. Contact will be made only if absence is not approved.

_____ is hereby authorized to be
Name (ECU email address)

absent from the internship site on _____ and return on
Date/time

_____ to go to _____.

Date/Time

Destination

- | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Interview with employing official
prior confirmation required | <input type="checkbox"/> Professional Meeting/Conferences/Workshops
(documentation required) |
| <input type="checkbox"/> Scheduled medical/health care
Appointments (documentation required) | <input type="checkbox"/> Serious immediate family illness/Death
(documentation required) |
| <input type="checkbox"/> Attendance in court
(documentation required) | <input type="checkbox"/> Other: (please explain in remarks)
(documentation required) |

University Supervisor Name: _____

Remarks:

Signatures required prior to sending to Office of Clinical Experiences:

1. _____ Date: _____ 2. _____ Date: _____
Clinical Teacher University Supervisor

3. _____ Date: _____
Principal or Designee, Internship Site

For final approval, email signed form to the Office of Clinical Experiences: OCE@ecu.edu

_____ Date: _____
Lead Coordinator, Office of Clinical Experiences