



Practicum Absence Form

Student: Please gain approval from your leader at least one week before anticipated absence. Complete form, give to your leader for approval. Once approved, keep form & attach to your next practicum report.

Name _____ Date _____

Practicum _____

Practicum Leader _____

Date(s) I will be absent _____

Reason _____

Number of hours that need to be made up: _____

Date & Time of desired to make-up absence(s): _____

Number of hours scheduled to be made up: _____

I understand that my grade will be affected if I do not make up these hours.

Student Signature _____ Date _____

Practicum Leader Portion

Practicum Leader: Please complete & return this portion of the form to the student.

- This absence is excused and may be made up on desired date & time.
- This absence is excused but the desired make-up date & time is not approved.
- This absence is un-excused and may not be made up.

Leader's Signature _____ Date _____