

FAYETTEVILLE STATE UNIVERSITY CANDIDATE REQUEST FOR LEAVE FORM

DIRECTIONS: Complete the information requested below for any day you are away from your assigned school. The Clinical Educator (EPP) will determine if your absence is excused or not excused. Refer to the Clinical Experience Handbook, Attendance Policy, for additional information regarding absences.

NAME _____ DATE _____

Date(s) of absences _____

Notified: Clinical Educator (P-12) _____ Yes _____ No
Clinical Educator (EPP) _____ Yes _____ No

Nature of absence _____

(For example: family emergency; personal illness; child care, etc.)

Explanation of absence

(Write a brief explanation for your absence.)

To be completed by Clinical Educator (EPP)

Excused Not excused
Comments

Clinical Educator (EPP)

Date

Submit this form to your Clinical Educator (EPP), who fill forward to The Office of Teacher Education for your file.
Thank you