



OFFICE OF CLINICAL EXPERIENCES
COLLEGE OF EDUCATION
FAX (252) 328-2361

Absentee Form

NOTE: This form must be returned to the Office of Clinical Experiences, Speight Bldg. Room 110 and approved PRIOR to leaving the internship site. Contact will be made only of absence is not approved.

Name (ECU email address) is hereby authorized to be absent from the internship site on Date/time and return on Date/time to go to Destination

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

University Supervisor Name:

Remarks:

Signatures required prior to sending to Office of Clinical Experiences:

1. Clinical Teacher Date:
2. University Supervisor Date
3. Principal or Designee, Internship Site Date:

For final approval, fax signed form to (252) 328-2361 or scan and email to oce@ecu.edu, Office of Clinical Experiences.

Date
Lead Coordinator, Office of Clinical Experiences