



**OFFICE OF CLINICAL EXPERIENCES**  
**COLLEGE OF EDUCATION**  
**EAST CAROLINA UNIVERSITY**  
**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 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<br>(prior confirmation required)     | <input type="checkbox"/> Professional Meetings/Conferences/Workshops<br>(documentation required) |
| <input type="checkbox"/> Scheduled medical/health care<br>appointments (documentation required) | <input type="checkbox"/> Serious immediate family illness/Death                                  |
| <input type="checkbox"/> Attendance in court<br>(documentation required)                        | <input type="checkbox"/> Other: (please explain in remarks)<br>(documentation required)          |

**Remarks:**

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**Required signatures prior to faxing to Office of Clinical Experiences**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Clinical Teacher University Supervisor

3. \_\_\_\_\_  
 Principal or Designee, Internship Site

**For final approval, fax signed form to (252) 328-2361, Office of Clinical Experiences.**

\_\_\_\_\_  
 Office of Clinical Experiences