



# UNIVERSITY OF ST. AUGUSTINE

## FOR HEALTH SCIENCES

### Clinical Education Absence Approval Form

Student name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Class: \_\_\_\_\_

Reason for request: Travel      Sick      Religious holiday      Other

Justification or rationale for request:

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If your request is for time off, please provide the following:

1. Dates of requested time off: \_\_\_\_\_
2. Make-up dates: \_\_\_\_\_

CI:    Approved \_\_\_\_\_    Denied \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

ACCE:    Approved \_\_\_\_\_    Denied \_\_\_\_\_

ACCE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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