



# UNIVERSITY OF ST. AUGUSTINE

**F O R H E A L T H S C I E N C E S**

## INSTITUTE OF OCCUPATIONAL THERAPY FW LEVEL II - CLINICAL EDUCATION ALL PURPOSE FORM

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ Campus:  SA  SD

Class: \_\_\_\_\_ Fieldwork Dates: \_\_\_\_\_

Reason for Absence (check one that applies)  Travel  Sick  Religious Holiday  Other \_\_\_\_\_

If request is for time off, provide specific dates: \_\_\_\_\_

Please explain your request for absence: \_\_\_\_\_

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**Clinical Education Department Response:**

Approved  Denied Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Clinical Education Fax: (904) 829-9199 or (904) 825-1746**