# Request for Absence from Clinical Experience

Submit to the Clinical Coordinator Ashley Guy MS, ATC for approval and to be filed in student’s permanent folder.

**Name:** __________________________  **ID #:** __________________________

I am requesting advance approval for absence from assigned clinical experience(s) on the dates and times listed below. In anticipation of my absence and in consideration of the need for someone to cover my responsibilities as well as all related scheduling I will find replacements as listed.

<table>
<thead>
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<th>From:</th>
<th>To:</th>
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<tr>
<td>Time</td>
<td>Day</td>
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<td>From:</td>
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<td>Time</td>
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**Details of Clinical Experience on dates requested to be excused:**

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**Reason for Absence:**

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**Requesting ATS Signature:** __________________________  **Date:** __________________________

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**Replacement coverage (if applicable):**

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**Replacement Signature:** __________________________  **Date:** __________________________

**Replacement Signature:** __________________________  **Date:** __________________________

**Replacement Signature:** __________________________  **Date:** __________________________

**Alternative Schedule (if applicable):**

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**Preceptor Signature:** __________________________  **Date:** __________________________

**Clinical Ed. Coordinator Signature:** __________________________  **Date:** __________________________