

### Request Form for Non-Illness Absence from Clinical Practice II and III

- The teacher candidate must discuss the request for non-illness absence with his/her Cooperating Teacher and University supervisor at least one week in advance of the requested date(s).
- The teacher candidate **must** have a plan for making up the missed day(s), and it cannot include the 3 days set aside for possible illness.
- The form below **must** be completed and signed by the University Supervisor and Cooperating Teacher in order to have the absence approved<sup>1</sup>.
- A copy of the completed form should be provided to the Multiple Subject Program Coordinator and the SOE Credential Office in advance of the date(s) in the request (*Credential Office email: soe@calpoly.edu*).<sup>2</sup>

<b>Candidate's Name:</b>	<b>Phone #:</b>	<b>Email address:</b>
<b>I am enrolled in:</b> <input type="checkbox"/> <b>EDUC 454: Clinical Practice II</b> <input type="checkbox"/> <b>EDUC 456: Clinical Practice III</b>		
<b>The date(s) of my request are:</b>		
<b>Plan for making up each of the requested days:</b>		
<b>I approve the above request and plan for make up.</b>		
<b>Name of Cooperating Teacher:</b>		<b>Date:</b>
<i>signature:</i>		
<b>Name of University Supervisor:</b>		<b>Date:</b>
<i>signature:</i>		

<sup>1</sup> Candidates can append a copy of an email message showing approval from the University Supervisor in lieu of a signature.

<sup>2</sup> Candidates can provide via email, a scanned copy of the form with signatures.