



School of Rehabilitation Science, University of Saskatchewan

Special Student Request for Absence from Clinical Placement

STEP ONE: **Student must apply for permission to be absent from clinical duties and must fill out the first part of this form and submit it when applying.**

Name: _____ Date: _____

I am requesting _____ hours away from clinical duties on the following date(s):

Clinical Course Affected: ___ CP 2 ___ CP 3 ___ CP 4 ___ CP 5

Name of Clinical Site of Rotation affected: _____

The reason that I am requesting an absence from clinical duties:

I have taken time away from previous clinical placements: ___ yes ___ no

If yes, please explain: _____

*Please submit this form to the General Office of the School of Rehabilitation Science
(Attention: ACCE or Assistant ACCE) well in advance of the placement.*

STEP TWO: **School will consult with clinical facility, and reply to the student, granting permission or not.**

Approved: ___ Yes ___ No (pending approval of clinical coordinator at site)

Signed: _____ Date: _____
(ACCE or Designate)