STUDENT REQUEST FOR ABSENCE FROM CLINIC EXTERNSHIP ASSIGNMENT

The completion of this form is required for **ALL** clinic absences

## SECTION A: ABSENCE INFORMATION - To be completed by the student

<table>
<thead>
<tr>
<th>Student Name (print)</th>
<th>Student Email</th>
</tr>
</thead>
</table>

Clinic Assignment (check one)  
- PC EXTERNSHIP SITE  
- ODT EXTERNSHIP SITE

Date(s) Requested for Absence

Reason for Absence

Student Signature  
Date

## SECTION B: Site supervisor must sign and date to indicate approval for absence. **However, the number of make up days required (if any) is decided by the WOVS Clinic Director.**

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Site Fax #</th>
</tr>
</thead>
</table>

Site Supervisor Name (please print)

Permission is granted for absence from clinic assignment as requested.

Site Supervisor Signature  
Date

## SECTION C: APPROVAL AND MAKE UP TIME - To be completed by the WOVS Clinic Director

<table>
<thead>
<tr>
<th>Absence</th>
<th>Approved</th>
<th>Not approved</th>
</tr>
</thead>
</table>

Make-up time  
# of days required

WOVS Clinic Director Signature  
Date

## SECTION D: If make-up time is completed at the externship site please have the externship site supervisor verify below and then return the form back to the School of Optometry before end of rotation. If form is not received back, it will be assumed the make up time has **not** been completed and make up time will be assigned here at the School of Optometry.

I verify that required make up time was completed on

Make-up time has **not** been completed

Authorized Signature  
Date

Click on the “SUBMIT” button top right of page or EMAIL form to

NADEERA.CARELESS@UWATERLOO.CA