



## NITEP Absence Approval Request Form

*Please complete all sections of this form. Incomplete forms will not be considered.*

Name & Email: \_\_\_\_\_

Student Number: \_\_\_\_\_

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

Date(s) of Absence: \_\_\_\_\_

### Impacted Courses:

Course number and Instructor (e.g., EDUC 141). NITEP Education Courses only.

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

\_\_\_\_ I have read and understand the UBC Teacher Education attendance policy. <http://teach.educ.ubc.ca/students/attendance/>

### Excused Absence:

\_\_\_\_ Medical      \_\_\_\_ Accident      \_\_\_\_ Bereavement

\_\_\_\_ I understand that a medical note is required to support any medical absence extending beyond one day in any given term.

### A medical note is attached:

\_\_\_\_ Yes      \_\_\_\_ No

**Anticipated Excused Absence:**

- \_\_\_\_\_ Religious holiday\*\*
- \_\_\_\_\_ Cultural event/obligation
- \_\_\_\_\_ Participation in varsity team event\*\*
- \_\_\_\_\_ Compassionate or educational\* leave that cannot be scheduled outside of class time
- \_\_\_\_\_ Job interview (provide name of interviewer and school or district)\*\*

District/Organization: \_\_\_\_\_

**Explain absence:**

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*Note: When scheduling any personal appointments, including routine medical or dental care, or special events, such as weddings, travel, etc., teacher candidates are expected to make arrangements that do not conflict with scheduled classes or field experiences.*

*\*There are a limited number of educational reasons that will be approved.*

*\*\*Two weeks notice is required for this type of excused absence.*

**Unexcused Absence:**

- \_\_\_\_\_ I understand that unexcused absences are those that have not been approved in advance or that are considered inappropriate. Unexcused absences may result in a Fail for a course or field experience.

**Email or drop off completed form to your Coordinator. They will advise if your request is approved or denied.**

**Office use only:**

Date received: \_\_\_\_\_ Approved Y / N (circle one)

Supporting document needed: \_\_\_\_Y \_\_\_\_N Received: \_\_\_\_Y \_\_\_\_N

**NITEP**