

THE UNIVERSITY of TENNESSEE CHATTANOOGA

Graduate Athletic Training Program Leave Request Form

Instructions:

1. Complete the Leave Request Form
2. Secure the signature from the assigned preceptor **at least one week in advance** of the requested dates
3. Present the completed and signed form to the PD or CEC for final authorization

ATS Name: _____ Student ID: _____

Assigned Preceptor: _____

Clinical Site: _____

Start date of leave: _____

End date of leave: _____

Total # of requested days: _____

Preceptor Signature: _____ Date: _____

PD/CEC Signature: _____ Date: _____

Submitted forms will be filed in Student's Clinical Folder