



Graduate Athletic Training Program
Leave Request Form

Instructions:

1. Complete the Leave Request Form. Requesting Leave does not guarantee Leave will be granted.
2. Obtain the signature from your assigned Preceptor within one week of the beginning of the clinical rotation.
3. Present the completed and signed form to the CEC for final authorization.

ATS Name: _____ Student ID: _____

Preceptor Name: _____

Clinical Site: _____

Start Date of Leave: _____

End date: _____

Total # of requested days: _____

Plan for making up clinical hours: _____

Reason for Request: _____

Preceptor Signature: _____ Date: _____

CEC Signature: _____ Date: _____