

SUMMARY RECORD OF ABSENCE DURING FIELDWORK

Student Name:	Cortland ID:
Date	Current Phone:
College Supervisor:	Current Email:
Semester in which fieldwork was completed: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20____	

The student named above has been present during the days and hours required except as indicated below.

Dates of Absence	Hours, if not full day absence	Reason

Signed: _____ Date: _____

Agency Supervisor

The college supervisor should forward this sheet to the Office of Field Placements (D-210 Cornish Hall) with recommendation.

Check One: <input type="checkbox"/> I recommend that the above absences be excused. <input type="checkbox"/> I recommend that additional experience in fieldwork be required to compensate for time missed. (Please specify)	
Signed: _____	Date: _____
College Supervisor	