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**Time Replacement Agreement Form**

**Agreement between:**

|  |  |  |
| --- | --- | --- |
| **Student** |  |  |
| **Clinical Educator** |  |  |

**Dates missed:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Dates to make up for missed days:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**OR**

**Activities that will be performed outside of practicum hours to replace the missed days:**

|  |  |
| --- | --- |
| **Activities** | **Due Date** |
|  |  |

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

**Agreement approved by McGill’s Coordinator of Clinical Education or Clinical Education Associate**

|  |  |
| --- | --- |
| **Name** | **Date** |
|  |  |