

REQUEST FOR ABSENCE FROM STUDENT TEACHING

Date Submitted _____

- For planned absences**, this request/form must be submitted to the College Supervisor, **prior to the date of absence**, for their approval. The College Supervisor will act upon this request and forward it, with their recommendation, to the student teaching coordinator of the relevant major, who will notify the student teacher of approval.

- For absences due to illness**, or other last-minute situations, this request/form must be submitted to the College Supervisor immediately following the absence. Student teachers must notify their Supervisor and Cooperating Teacher of absence as soon as possible, via email or a phone call.

Teacher Candidate's Name: _____

I request permission to be absent from student teaching:

(Grade or Subject) (Name of School)

(City, State, Zip)

My address while student teaching is: _____
(Street & Number) (City, State, Zip)

Reason for this request: (Be specific – indicate why you wish to be absent and where you may be reached while absent.)

(Give specific date and time to be away from teaching)

(Address during absence from student teaching) (Telephone number)

(Teacher Candidate's Signature) (Date)

Approved Not Approved
(To be completed by Cooperating Teacher)

Cooperating Teacher's Signature / Date

Approved Not Approved
(To be completed by College Supervisor)

College Supervisor's Signature / Date

Approved Not Approved
(To be completed by ST Program Coordinator)

Program Coordinator's Signature / Date

College Supervisor's Recommendation: _____