

REQUEST FOR ABSENCE FROM STUDENT TEACHING

Date Submitted _____

This request must be submitted to the College Supervisor, for their prior approval, no later than 10 days prior to the requested date of absence. The College Supervisor will act upon this request and forward it, with their recommendation, to the student teaching coordinator of the relevant major at least five days prior to the date on which you wish to be absent.

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

Approved Not Approved
(To be completed by College Supervisor)

College Supervisor's Signature

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

Program Coordinator's Signature

College Supervisor's Recommendation: _____

