

Date Submitted \_\_\_\_\_

## REQUEST FOR ABSENCE FROM STUDENT TEACHING

*This request must be submitted to the College supervisor for his/her 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 his/her recommendation, to the office of the chair of the student's major department at least five days before the date on which you wish to be absent.*

Student Teacher \_\_\_\_\_

I request permission to absent myself from student teaching.

\_\_\_\_\_  
(Grade or Subject) (Name of School)

\_\_\_\_\_  
(City, State, Zip)

My teaching address 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)

\_\_\_\_\_  
Student Teacher's Signature

Approved ( ) Not Approved ( )  
(To be completed by College Supervisor.)

\_\_\_\_\_  
College Supervisor's Signature

Approved ( ) Not Approved ( )  
(To be completed by Department Chair as necessary.)

\_\_\_\_\_  
Department Chair's Signature

**Supervisor's Recommendation** - *Use back of sheet to make comments in support of your Recommendation.*