



College of
**Education and
 Human Services**
 Southern Illinois University Carbondale

Student Teacher Absence Request Form

INSTRUCTIONS: The Student Teacher is to complete, sign, request the Cooperating Teacher's signature and then give the form to the Center Coordinator. The Center Coordinator should then sign the form and give it to Dr. Waggoner, Director of Teacher Education, for her signature and approval. This form should be submitted to the Center Coordinator by the Student Teacher *two weeks prior to the absence*. If time does not allow for the absence, the Student Teacher should speak with his/her Center Coordinator and Cooperating Teacher.

Please provide the following information:

Name: _____ Date: _____

Student Teaching Assignment:

School _____

Cooperating Teacher _____

Center Coordinator _____

Reason for Absence:

Conference _____ Name of Conference _____

Location of Conference _____

Dates leave requested: From _____ To _____

Interview _____ School District _____

Location of Interview _____

Dates leave requested: From _____ To _____

Sick _____

Dates leave requested: From _____ To _____

Other _____

Dates leave requested: From _____ To _____

Reason for absence _____

 (Student's Signature) (Center Coordinator's Signature)

 (Cooperating Teacher's Signature) Date

Request:

Approved Disapproved _____

(Director of Teacher Education) Date