

# FAYETTEVILLE STATE UNIVERISITY STUDENT TEACHER REQUEST FOR LEAVE FORM

**DIRECTIONS:** Complete the information requested below for any day you are away from your assigned school. The University Supervisor will determine if your absence is excused or not excused. Refer to the Student Teaching Handbook, Attendance Policy, for additional information regarding absences.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Date(s) of absences \_\_\_\_\_

Notified:	Cooperating Teacher	_____ Yes	_____ No
	University Supervisor	_____ Yes	_____ No

**Nature of absence** \_\_\_\_\_

(For example: family emergency; personal illness; child care, etc.)

**Explanation of absence**

(Write a brief explanation for your absence.)

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**To be completed by University Supervisor**

Excused  Not excused

Comments \_\_\_\_\_

\_\_\_\_\_  
University Supervisor

\_\_\_\_\_  
Date

Submit to University Supervisor, who fill forward to The Office of Teacher Education for your file.