

STUDENT TEACHER ABSENCE



EVANGEL UNIVERSITY
1111 N. Glenstone Avenue
Springfield, Missouri 65802

Name of Student Teacher

Social Security Number

Date _____ Hour _____ Reason for absence _____

Signature of Cooperating Teacher

Cooperating teacher's comments _____

All absences must be reported to the cooperating teacher and university supervisor.

Signature of University Supervisor

SEMINAR ABSENCE

Name of Student Teacher

Social Security Number

Date _____ Reason for absence _____

Signature of Student Teacher

Signature of Seminar Director