Teacher Candidate Absentee Form

Instructions:
This form must be completed and signed by the Teacher Candidate, the Cooperating Teacher (if applicable) and the University Supervisor. Please return to the Center for Teacher Quality, 1400 JR Lynch Street, JSU Box 17124, Jackson, MS  39217.

Teacher Candidate: ___________________________ Date: ___________________

District: ___________________________ School: ___________________________

Teacher Candidate was absent from ____________ to ____________

Total school days missed (this absence): _________

Total accumulated days missed for the Teacher Candidate term: _________________

Reason for absence:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________     Date: _________________
Signature of Teacher Candidate

________________________________________________     Date: _________________
Signature of Cooperating Teacher

________________________________________________           Date: _________________
Signature of University Supervisor