

# FAX Absence Report



**Student Teaching & Professional Education Services**  
**Box 90580**  
**Lake Charles, LA**  
**Telephone: 337-475-5401**  
**FAX #: 337-475-5272**

Date: \_\_\_\_\_

To: Office of Student Teaching & Professional Education Services

From: \_\_\_\_\_

## Report of Absence in Student Teaching Semester

Name of Student: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Cooperating Teacher Signature

- Send upon return to school site
- Attach doctors excuse when possible
- Only 5 absences allowed; contact Dr. White when exceed 5 or with special situations.