

## Notification of Absence from Professional Practice

**Pre-service Teacher's  
Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

The above Pre-service Teacher has been absent from Professional Practice from:

FROM: (DAY/DATE) \_\_\_\_\_ AM/PM  
TO: (DAY/DATE) \_\_\_\_\_ AM/PM  
A TOTAL OF: \_\_\_\_\_ DAYS

**REASON FOR ABSENCE (S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Medical Certificate is attached:    Yes         No  (please tick)

Pre-service  
Teacher: \_\_\_\_\_ Date \_\_\_\_\_

Please print form and complete.

Please then forward the form to your University Supervisor along with any supporting documentation and provide a copy to your Unit Coordinator.