Department of Education Petition Form



Student's Name:	Date:
Major:	Advisor:
Minor:	Advisor:
Program Completion, Semester/Year:	

Directions. Please fill out the entire petition form, and attach any supplemental documents. Submit the completed petition to the appropriate person(s) outlined below under section 1.

Petitions will be discussed by the appropriate faculty and a determination of the petition will be communicated to you in a timely manner.

1. To whom are you directing your petition? (Indicate all that are appropriate with an "X" in box.)

To the Education Department Faculty <i>or</i> Graduate Program Committee					
	dmission to the ogram		Permission to Student Teach		Removal from the Program
To the Department Chair <i>or</i> Director of Graduate Studies					
	oursework quence		Instructor Ratings		Other
To the Direc	ctor of Licensure				
	censure sues		Transfer credits		Coursework regarding licensure
To the Director of Student Teaching and Field Placement					
	udent eaching		Field Experiences		

2. Please describe below the specific item of concern. List possible solutions, possible consequences, hardships, and other considerations.

FOR EDUCATION DEPARTMENT USE ONLY

Result of petition:		
Signed:	Date:	