

Submit completed petition to the Education Student Services Center (ESSC), JH 170, for processing.

Name: _____ CSU ID: _____

*****All petition correspondence will be sent via your CSU e-mail address*****

Status: Undergraduate Post-Bacc/SAL Master's/Ed.S. Graduate Non-Degree/Licensure/Certificate Doctoral

Program: _____ Faculty Advisor: _____

ESSC Advisor: _____

CODES FOR SIGNATURES/DOCUMENTATION/INFORMATION THAT MAY BE REQUIRED:

- | | |
|--|--|
| A. Signature/Rec. of Advisor | F. Course Relevancy Statement(s) |
| B. Signature/Rec. of Instructor | G. Course Information (must include Course #, Section #, Term/Year) |
| C. Letters of Support | H. Signature/Rec. of Prog./Dept. Chair of Student's program |
| D. Medical Documentation | I. Signature/Rec. of Dept. Chair offering course |
| E. Emergency Tuition Adjustment Request Form | J. Other (specify) _____ |

PETITION TYPE (to avoid a delayed decision be sure to include and/or obtain required documentation/information and signatures or petition will be returned)

Petition Type (Check appropriate box or boxes)	See above codes for	Required Documentation/Information	Required Signatures Prior to Submission to JH 170
<input type="checkbox"/> Course Substitution		G	A, H
<input type="checkbox"/> Course Waiver		G	A, H
<input type="checkbox"/> Grade change if grade went to F from INC, NA, or X (COE course only-UGs-PBs only)		G, J (apprvd. Chg. of Grade form)	B, A, I
<input type="checkbox"/> Graduate Exit Requirement Issues (specify below in PURPOSE OF PETITION)			A, H
<input type="checkbox"/> Incomplete Extensions (COE course only-UGs-PBs only-Grads must use Grad Coll Petition)		G, J (requested new deadline)	B, A, I
<input type="checkbox"/> Late Add or Late Register (UGs-PBs only-Grad students must use Grad College Petition)		G	B, A, I
<input type="checkbox"/> Late Withdraw (UGs-PBs only-Grad students must use Grad College Petition)		G, E, and D (if applicable)	B, A, H
<input type="checkbox"/> Late Application for: <input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching		J (extenuating circumstances)	A, H
<input type="checkbox"/> Repeat Student Teaching		C (show growth in teaching)	A, H
<input type="checkbox"/> Request for Special Placement for: <input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching			A, H
<input type="checkbox"/> Take a course with or after: <input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching		G	A, H
<input type="checkbox"/> Waive: <input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching (Due Feb 15 for Fall waiver; Sept 15 for Spring)		C (2 letters of support required)	A, H
<input type="checkbox"/> Miscellaneous Issues Related to Practicum or Student Teaching (specify below)			A, H
<input type="checkbox"/> Six-year Statute of Limitations (Master's or Ed.S. only)		F (+ Grad. Cr. Tnsfr. if req'd.)	A, H
<input type="checkbox"/> Waive College of Education Requirement(s) (specify below in PURPOSE OF PETITION)			A, H
<input type="checkbox"/> Graduate without License			A, H
<input type="checkbox"/> Readmission after Dismissal (Grad College Petition if Grad seeking early Readmission)			A, H

PURPOSE OF PETITION (In one or two sentences, state specifically what you are requesting. Use next page to explain your reasons and to attach supporting documentation. Under most circumstances, you should not make more than one type of request on a single petition form.)

TERM: _____ YEAR: _____

With my signature, I hereby authorize the Dean or his/her designate and the Academic Standards Committee to review any pertinent records. I also affirm that, to the best of my knowledge, the narrative statement and attached documentation accurately reflect the facts involved in this case.

Student's Signature: _____ Date _____ / _____ / _____

ESSC USE ONLY:

Cum GPA _____

Major GPA _____

Petition # _____

1st License 2nd License License Type _____

Transfer Student

ACTION OF PETITIONS COMMITTEE

Approved

Denied

No Action Taken

Need Additional Information

Email Sent Date

_____ / _____ / _____

SUPPORTING NARRATIVE (Please include an explanation of why you are making this request):

ADVISOR'S RECOMMENDATION: I do I do NOT support this petition for the following reasons:

For all field experience-related petitions, please note whether the urban requirement (based on ODE definition of urban) for a major teacher education experience has been met. Advisor/advisee discussion of the urban requirement is recommended.

YES NO _____ (OFS or advisor signature required)

Advisor's Signature: _____ Date: _____/_____/_____

1. INSTRUCTOR'S RECOMMENDATION: I do I do NOT support this petition for the following reasons:

Instructor's Signature: _____ Date: _____/_____/_____

2. INSTRUCTOR'S RECOMMENDATION: I do I do NOT support this petition for the following reasons:

Instructor's Signature: _____ Date: _____/_____/_____

PROGRAM OR DEPT. CHAIR RECOMMENDATION: I do I do NOT support this petition for the following reasons:

Signature: _____ Date: _____/_____/_____