



## ESSC PETITION

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

Rev. 2/23

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

\*\*\*Petition correspondence will be sent via your CSU e-mail address\*\*\*

Status: ☐ Undergraduate ☐ Post-Bacc/SAL ☐ Master's ☐ Graduate Non-Degree/Licensure/Certificate

Program: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

ESSC Advisor: \_\_\_\_\_

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

- |   |   |
|---|---|
| A. Signature/Rec. of Advisor                                | D. Course Relevancy Statement(s)                                    |
| B. Signature/Rec. of Prog./Dept. Chair of Student's program | E. Course Information (must include Course #, Section #, Term/Year) |
| C. Letters of Support                                       | F. 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)	See above codes for	Required Documentation/ Information	Required Signatures Prior to Submission to JH 170
<input type="checkbox"/> Course Substitution		E	A, B
<input type="checkbox"/> Course Waiver		E	A, B
<input type="checkbox"/> Late Application for: <input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching		F (extenuating circumstances)	A, B
<input type="checkbox"/> Repeat Student Teaching		C (show growth in teaching)	A, B
<input type="checkbox"/> Request for Special Placement for: <input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching			A, B
<input type="checkbox"/> Take a course with or after: <input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching		E	A, B
<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, B
<input type="checkbox"/> Miscellaneous Issues Related to Practicum or Student Teaching (specify below)			A, B
<input type="checkbox"/> Six-year Statute of Limitations (Master's only)		D (+ Grad. Cr. Tnsfr. if req'd.)	A, B
<input type="checkbox"/> Waive Education Program Requirement(s) (specify below in PURPOSE OF PETITION)			A, B
<input type="checkbox"/> Graduate without License			A, B
<input type="checkbox"/> Readmission after Dismissal (Grad College Petition if Grad seeking early Readmission)		F (degree completion plan)	A, B

To request an extension of an incomplete, selective/complete withdraw, retroactive enrollment (late add) please use the Levin College of Public Affairs and Education petition.

**PURPOSE OF PETITION** (In one or two sentences, state specifically what you are requesting. Use back 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 # \_\_\_\_\_

☐ 1<sup>st</sup> License ☐ 2<sup>nd</sup> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_