Department of Education Petition Form



Student's Name:						Date:				
Major:					A	Advisor:				
Minor:					A	Advisor:				
Pr	ogram C	ompletio	n, Se	mester/Year:						
the	e compl	eted pe	titio	out the entire petition form, and to the appropriate person(s) assed by the appropriate facul	ou	tlined be	elow under section	n 1.		
				in a timely manner.	•			1		
1.	To whom are you directing your petition? (Indicate all that are appropriate with an "X" in box.)									
		To th	e Ed	Admission to the Program	t y □		Graduate Programon to Student	m Co	ommittee Removal from the Program	
		To th	e De	coursework sequence		Instructor Ratings	pirector of Gradu	ate :	Studies Other	
		To th	e Di	rector of Licensure Licensure issues		Transfer credits			Coursework regarding licensure	
		To th	e Di	rector of Student Teaching Student Teaching	an	d Field Field Experier				
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:			