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

Petition Type (Check appropriate box or boxes)

- □ Course Substitution
- □ Course Waiver
- □ Grade change if grade went to F from INC, NA, or X (COE course only-UGs-PBs only)
- □ Graduate Exit Requirement Issues (specify below in PURPOSE OF PETITION)
- □ Incomplete Extensions (COE course only-UGs-PBs only-Grads must use Grad Coll Petition)
- □ Late Add or Late Register (UGs-PBs only-Grad students must use Grad College Petition)
- □ Late Withdraw (UGs-PBs only-Grad students must use Grad College Petition)
- □ Late Application for: □ Practicum □ Student Teaching
- □ Repeat Student Teaching
- □ Request for Special Placement for: □ Practicum □ Student Teaching
- □ Take a course with or after: □ Practicum □ Student Teaching
- □ Waive: □ Practicum □ Student Teaching (Due Feb 15 for Fall waiver; Sept 15 for Spring)
- □ Miscellaneous Issues Related to Practicum or Student Teaching (specify below)
- □ Six-year Statute of Limitations (Master’s or Ed.S. only)
- □ Waive College of Education Requirement(s) (specify below in PURPOSE OF PETITION)
- □ Graduate without License
- □ Readmission after Dismissal (Grad College Petition if Grad seeking early Readmission)

Required Signatures Prior to Submission to JH 170

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J

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

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.)

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 □ 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: __________/________/________