

**Richard W. Riley College of Education
Winthrop University**

PETITION FOR EXCEPTION TO TEACHER EDUCATION PROGRAM

Purpose: Any student wishing to appeal a program admission decision, an internship admission decision, or a certification recommendation decision must make such an appeal in accordance with the policies and procedures established by the Teacher Education Committee (TEC).

Student Name _____ Petition Number _____
Student Number _____ Current Phone _____
Expected Date of Graduate _____ Degree/Major _____

STATEMENT OF PETITION: (Attach additional sheets if needed)

RATIONALE FOR REQUEST: (Include what happens if petition is denied)

Signature of Student _____ Date _____

To be completed by Advisor:

Cumulative GPA _____ Last semester GPA _____ Hours Completed _____ Hours Current Semester _____

Recommendation: _____ Approve _____ Do Not Approve Rationale:

Signature of Advisor _____ Date _____

To be completed by Department Chair:

Recommendation: _____ Approve _____ Do Not Approve Rationale:

Signature of Department Chair _____ Date _____

AFTER OBTAINING SIGNATURES, SUBMIT THIS FORM TO STUDENT ACADEMIC SERVICES

Academic Data Verified by SAS _____ (Initial and Date)

Action by Petitions Committee: ___ Approved ___ Not Approved ___ Approved with the following conditions:

Signature of Committee Chair _____ Date _____

Action by the Dean: ___ Approved ___ Not Approve ___ Approved with the following conditions:

Signature of the Dean _____ Date _____