



PETITION FOR WAIVER OF SCHOOL OF EDUCATION REQUIREMENTS

Name _____ Department _____

Address _____ Program _____

City, State, Zip _____ Home Phone _____

SSN XXX-XX- _____ Work Phone _____

Directions for Completion: 1) Students are to state their rationale for requesting the waiver of School of Education requirements and attach supporting documentation (**including transcripts and course descriptions**). 2) Students submit the waiver request to the Credentials Office. 3) Students will receive a copy of the final decision.

**Must complete one form per class being petitioned.*

REQUIREMENT BEING PETITIONED _____

(attach documenting letter, transcripts, course descriptions, etc.)

Justification for Petition:

Signature of Student

Date

STUDENTS DO NOT WRITE BELOW THIS LINE

Instructor's Recommendation:

Signature of Instructor

Date

_____ Approved

_____ Denied

_____ Copy to Student

_____ Copy to Department Chair

_____ Copy to Credentials Office

Signature of Department Chair

Date