



PETITION FOR WAIVER OF SCHOOL OF EDUCATION REQUIREMENTS

Name _____ Department _____

Address _____ Program _____

City, State, Zip _____ Home Phone _____

SSN _____ 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 appropriate instructor or to the Credentials Office. 3) The student or instructor submits the petition to the Department Chair once a recommendation has been made.

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