

## College of Education Petition

This form allows undergraduate and Master of Arts in Teaching students in the College of Education to request an exemption/modification from the academic policies within the College of Education. All petitions will be reviewed and decisions will be made by the Department Chair in consultation with program faculty and other relevant personnel. Upon completion, the form should be submitted to Student Academic Services, EDU 106. The Director of Student Academic Services will complete a final review to ensure all College and University policies/requirements have been appropriately considered. After the request is processed, the student will be informed of the decision via email.

**To be completed by the student:**

Name: \_\_\_\_\_ USF ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_@mail.usf.edu Major: \_\_\_\_\_

Is request related to final internship?      **Yes**      **No**

If yes, all signatures below, including that of the Director of Field and Clinical Education, must be obtained.

Please provide a brief statement regarding the nature of your request and the situation surrounding it. If you need additional space, a separate sheet of paper can be added to this petition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part I – To be completed by the Academic Advisor:**       Approve     Disapprove     Other  
Comments: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II – To be completed by the Program Coordinator:**     Approve     Disapprove     Other  
Comments: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part III – To be completed by the Department Chair:**       Approve     Disapprove     Other  
Comments: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part IV - To be completed by the Director of Field and Clinical Education:**  
 Approve     Disapprove     Other  
Comments: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part V - To be completed by The Director of Student Academic Services:**     Approve     Disapprove     Other  
Comments: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_