

COLLEGE OF EDUCATION PETITION FORM

Name:		ID number:			
	il:		Phone:		
Addre	ess:				
City:		State: Zip	Code:		
	Advisor	Teaching Majo		Minor, Concentration, or 2 nd Major (circle one)	
				(circle one)	
2. 3. 4. 5.	Print a current MSUB w Obtain College of Educ Submit to the ETP Office	pporting documents, inc eb transcript and attach ation instructor, faculty e, Room 209, College of	luding a profes to the form. advisor and de Education.	sional letter of explanation.	
•	on the College of Educa er Education Program a	• •		to deviate from the anation if more space is needed):	
Student Signature		Date			
-	-				
Instru	ctor's Recommendation (if applicable)	on: 🗆 I suppo	ort the petition \Box	I do not support the petition	
Instructor's Signature			D	ate	
Ratio	onale (please refer to Colle	ege of Education policy ar	d/or extenuating	circumstances):	

	☐ I support the petition ☐ I do not support the petition ☐ Date
Rationale (please refer to College of Educ	ation policy and/or extenuating circumstances):
Department Chair's Signature	
Rationale (please refer to College of Educ	ation policy and/or extenuating circumstances):
Recommendation of the Appeals Com	mittee:
☐ Approval ☐ Denial ☐ Approval with	conditions:
Conditions:	
Recommendation of the Dean:	
☐ Approval ☐ Denial ☐ Return to Cor	mmittee for reconsideration:
Reconsider:	
Dean's Signature:	Date