



COUNCIL ON TEACHER EDUCATION

Petition

Please complete all fields and attach any relevant documentation.

Date	University ID #	Expected Semester/Year of Student Teaching <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> petition is not applicable to student teaching
Name (Last, First, MI)		
Indicate any name(s) you have used on previous academic records, if different from above.		
UIC Email		Phone Number
Degree Program <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MAT <input type="checkbox"/> MEd <input type="checkbox"/> MST		Teacher Education Program <input type="checkbox"/> Early Childhood <input type="checkbox"/> Special Ed <input type="checkbox"/> Elementary Ed <input type="checkbox"/> Secondary Ed/Foreign Language Teaching Discipline: _____
Petition Request This petition request is for the following term: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ The extenuating circumstance that prompted my request is as follows:		
Acknowledgment I understand that I must meet certain program requirements by the end of the term. I also understand that failure to meet those requirements, may impede my ability to progress in the program. I accept full responsibility for my choice in this process and have discussed my options with my program coordinator.		
Candidate's Signature		Date

UIC Faculty Advisor's Recommendation and Signature

All petitions must be signed by the program coordinator or designee.

If the program coordinator or designee is supporting the petition, he or she must provide an explanation of how this case can be considered extenuating.

The Program Coordinator or Designee may provide an alternate recommendation from the one proposed by the student/candidate. If that is the case, the recommendation should be described below.

Program Coordinator or Designee Support

Check the appropriate box below:

- ☐ I support this petition
- ☐ I do not support this petition
- ☐ I have no input
- ☐ I have a recommendation that is different from that proposed by the petitioner (Please note recommendation below).

Explanation of Support:

Recommendation:

Program Coordinator or designee	Signature of Program Coordinator or designee	Date
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Candidates are strongly advised to retain a copy of the completed, signed petition prior to submission.

