



## Petition to Submit Student Teaching Application

<b>Date</b>	<b>University ID #</b>
<b>Name (Last, First, MI)</b>	
<b>Indicate any name(s) you have used on previous academic records different from above.</b>	
<b>UIC Email</b>	<b>Phone Number</b>

<b>Degree Program</b> <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MAT <input type="checkbox"/> MEd <input type="checkbox"/> MST	<b>Teacher Education Program</b> <input type="checkbox"/> Early Childhood <input type="checkbox"/> Special Ed <input type="checkbox"/> Elementary Ed <input type="checkbox"/> Secondary Ed/Foreign Language Teaching Discipline: _____
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Please allow me to apply to student teaching after the deadline for the following term:

☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_

The extenuating circumstance that prompted my request is as follows:

I understand that by submitting the student teaching application after the deadline, there is a risk that I may not be placed in a school, which could seriously compromise my ability to student teach in my desired semester.

I also understand that I am responsible for completing all necessary legal and district requirements for my placement, including background checks and any necessary medical testing.

I accept full responsibility for my choice in this process and have discussed my choice with my program coordinator.

<b>Candidate's Signature</b>	<b>Date</b>
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**Phone** 312.355.0714  
**Email** [uic\\_cte@uic.edu](mailto:uic_cte@uic.edu)  
**Web** [cte.uic.edu](http://cte.uic.edu)

## UIC Faculty Advisor's Recommendation and Signature

All petitions must be signed by the program coordinator or designee who is authorized to approve the student teaching application.

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 circumstances.

### 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 provide recommendation below.

Explanation of Support:

Recommendation:

Program Coordinator or designee

Signature of Program Coordinator or designee

Date

Candidates are strongly advised to retain a copy of the completed, signed petition prior to submission.

