



Request for Approval ED 425/432 Petition

Please complete all fields and attach any relevant documentation.

<b>Date</b>	<b>University ID #</b>	<b>Expected Semester/Year of Student Teaching</b> <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____
<b>Name (Last, First, MI)</b>		
Indicate any name(s) you have used on previous academic records, if different from above.		
<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 checked="" type="checkbox"/> Secondary Ed/Foreign Language Teaching Discipline: _____	
<b>Petition Request</b>		
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:		
<input type="checkbox"/> Not Admitted to Candidacy <input type="checkbox"/> Admitted to Candidacy		
<input type="checkbox"/> GPA does not meet requirements for admission to candidacy.		
<input type="checkbox"/> GPA does not meet requirements to receive approval for the course.		
<input type="checkbox"/> Late candidacy application submitted; awaiting decision from program.		
<input type="checkbox"/> Request for concurrent enrollment in ED 425/432		
<input type="checkbox"/> <b>and</b> repeat prerequisite education course to raise GPA.		
<input type="checkbox"/> <b>and</b> repeat major course to raise GPA.		
List course: _____		
<b>Acknowledgment</b>		
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.		
<b>Candidate's Signature</b>	<b>Date</b>	

**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:

<b>Program Coordinator or Designee Support</b>	<b>Signature of Program Coordinator or Designee Support</b>	<b>Date</b>
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Candidates are strongly advised to retain a copy of the completed, signed petition prior to submission.

**FOR OFFICE USE:**

Petition Review Date: \_\_\_\_\_

Petition Denied

Petition Approved

Date of Decision: \_\_\_\_\_

Signature: Director, Council on Teacher Education