



COLLEGE OF EDUCATION
|
TEACHER EDUCATION
INITIAL LICENSE PROGRAMS

GENERAL PETITION¹

Student Name: _____ L-Number: _____

Student Email: _____

Major: _____ Minor: _____

Department policy from which you are seeking exemption: _____

Date of Department deadline missed (if applicable): _____

Rationale for exception request:

(Student Signature)

Date

(Faculty Mentor Signature)

Date

(Department Chair Signature)

Date

¹ Note: This General Petition for the Department of Teacher Education is only for extenuating circumstances related directly to the department, undue hardship, or other conditions beyond your control. You are requesting an exception to a standing Department policy that applies to all students in similar programs.