

## College of Education Petition

This form allows undergraduate and Master of Arts in Teaching students in the College of Education to request an exemption from the academic policies within the College of Education. All petitions will be reviewed and decisions will be made by the Department Chair in consultation with program faculty and other relevant personnel. The Director of Student Academic Services will complete a final review to ensure all College and University policies/requirements have been appropriately considered. After the request is processed, the student will be informed of the decision via email.

Petitions should be submitted as a PDF or Word document to the appropriate below

- x Tampa: Student Academic Services at [eduadvise@usf.edu](mailto:eduadvise@usf.edu)
- x St. Petersburg: Arleya Loos at [arleyna@usf.edu](mailto:arleyna@usf.edu)
- x Sarasota/Manatee: Cristyne Ramirez at [cristyner@usf.edu](mailto:cristyner@usf.edu)

### To be completed by the student

Name:

Date:

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Please provide a brief statement in the box below regarding the nature of your request (what are you asking for?) and the reason for the request (why are you asking for it). If you need additional space, a separate sheet of paper can be added to this petition.

- x If the request you are making is related to a medical condition, you may be asked to provide supporting documentation.
- x If the request you are making is related to final internship, it will be routed to all stakeholders noted below including the Director of Field and Clinical Education; therefore, please be sure to include the semester and year of your final internship in your personal statement.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Part 1: To be completed by the Advisor:

Approve                  Disapprove                  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part 2: To be completed by the Program Coordinator:

Approve                  Disapprove                  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part 3: To be completed by the Department Chair:

Approve                  Disapprove                  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part 4: To be completed by the Coordinator of Secondary Internships (if applicable):

Approve                  Disapprove                  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part 5: To be completed by the Director of Field and Clinical Education (if applicable):

Approve                  Disapprove                  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part 6: To be completed by the Director of Student Academic Services

Approve                  Disapprove                  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_