



ILLINOIS WESLEYAN
UNIVERSITY

Petition for Exception to Teacher Education Program

Submit completed form to the Dean of the School of Educational Studies, Director of Teacher Education, or Head of Music Education.

Purpose: Any candidate wishing to appeal a program admission decision, field placement or student teaching withdrawal, a licensure recommendation or other Program or department requirements or decisions must make such an appeal in accordance with the procedures explained in the *Teacher Education Program Handbook*.

Name: _____ **Date:** _____ **Program:** _____

IWU Email: _____ **Advisor:** _____

If the circumstances described in your statement are health related, please provide confirmation from a health care professional with this petition. If you have been treated by or consulted with the University Health Service or the University Counseling and Consultation Service and wish to have them release any information to confirm these circumstances you must make a request at those offices.

You are responsible for making your own case. Do not solicit letters of support from cooperating teachers, faculty, or others unless directed to do so by the Director of Teacher Education, the Head of Music Education, or the Dean of the School of Education.

Status or Program/Department Decision for which an exception or exemption is being requested. Check all that apply.

☐ Program Denial	☐ Student Teaching Denial.
☐ Major grade point average below that which is required. (secondary and music)	☐ Unsatisfactory field performance / withdrawal from field placement.
☐ Professional education gpa below that which is required.	☐ Negative Student Concern Report Outcome .
☐ Cumulative gpa below that which is required.	☐ Dispositional concerns.
☐ Unmet Program requirement (indicate below).	☐ Other (explain below: _____)

Rationale for Request: (Include what happens if petition is denied. Write no more than one single-spaced page, beginning in the space provided below.)

Signature of Student: _____

Date: _____

Decision of Teacher Education Program: ☐ Approve ☐ Do Not approve

Reason for Decision or Conditions for Approval: _____

Student Notified: ☐ Yes ☐ No Date of Notification: _____

SIGNATURES

Director of Teacher Education: _____

Date _____

Dean, School of Educational Studies: _____

Date _____

Head of Music Education: _____

Date _____