



ILLINOIS WESLEYAN UNIVERSITY

Petition for Exception to Teacher Education Program

Submit completed form to the Chair of the Educational Studies Department, 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: \_\_\_\_\_ Educational Studies or Music Faculty 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 Chair of the Educational Studies Department.

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

Table with 2 columns and 5 rows of checkboxes for reasons like Program Denial, Student Teaching Denial, etc.

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 \_\_\_\_\_
Chair, Educational Studies Department: \_\_\_\_\_ Date \_\_\_\_\_
Head of Music Education: \_\_\_\_\_ Date \_\_\_\_\_