



Advisor's Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature Date

Please forward the petition to the office of the dean\* of the college in which the candidate is registered.

\*Dean's recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean's Signature Date

**Please attach a copy of the candidate's academic record and forward the original petition to the Certification Officer of the Council on Teacher Education, 505 E. Green, Ste. 203, MC-425. The Council will not consider a petition that does not contain the original signatures of all signatories.**

Memorandum: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Office

\*Department chairperson's recommendation should be entered in lieu of the dean's recommendation for candidates enrolled in a graduate level certification program.