COUNCIL ON TEACHER EDUCATION

CANDIDATE'S PETITION

This petition form is to be used by a candidate seeking exception to the requirements of an educator preparation program on the Urbana campus.

DIRECTIONS: Enter your request and the reasons which support it on this form. You may attach additional pages as needed, but **you must clearly state your request in the space provided**. Submit the completed form to your advisor for his/her recommendation. The advisor should forward the petition to the dean of your college if you are an undergraduate student or your department head/chair if you are a graduate student, who should record his/her recommendation on the form and transmit it **and a transcript copy** (if pertinent to request) to the Licensure Officer of the Council on Teacher Education, 505 E. Green, Ste. 203, for final action. Copies of the final action will be sent to all signatories.

Name (Please print) _____ Phone _____ UIN _____

Address _____ City _____ State _____ Zip Code _____

College/Department _____ Educator Preparation Program _____

I request that: _____

Reasons for request: _____

Candidate's Signature _____ Date _____

FINAL ACTION BY THE COUNCIL ON TEACHER EDUCATION: _____

Signature _____ Date _____

Copies of this petition and record of final action have been sent to the following:

- ☐ Candidate: (address) _____
- ☐ Advisor: _____
- ☐ Department in which candidate is enrolled: _____
- ☐ College in which candidate is enrolled: _____
- ☐ Licensure Officer: _____
- ☐ Clinical Experiences Program Coordinator: _____

08/15

DATE: _____

Advisor's Recommendation: _____

_____

_____

_____

Reasons: _____

_____

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_____

Advisor's Name (Please Print)	Advisor's Signature	Date

Academic Dean's recommendation for undergraduates OR Department Chair/Head's recommendation for Graduate students:_____

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_____

Dean/Chair/Head Name (Please Print)	Dean/Chair/Head Signature	Date

Please forward the original petition, along with additional documentation that you would like to be considered based on your request, to the Licensure 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.

Additional recommendation:_____

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_____

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_____

Please print name/title	Signature	Date

_____
Office

Council on Teacher Education
University of Illinois at Urbana-Champaign
505 E. Green, Ste. 203
Champaign, Illinois 61820 (or campus mail -- MC 424)
(217) 333-7195