

Richard W. Riley College of Education, Sport, & Human Sciences Sciences  
Winthrop University

**PETITION FOR TEACHER EDUCATION PROGRAMS**

**Purpose:** Any student wishing to request an exception to stated program admission requirements, an internship admission requirement, or a teacher education policy must make such an appeal in accordance with the policies and procedures established by the Educator Preparation Committee (EPC).

**REQUIRED MATERIALS:** Please check off the documents you are attaching.

- Clear, brief statement of request
- Clear, brief rationale for request (include what happens if petition is denied)
- Transcript or printout of DegreeWorks
- When related to PRAXIS testing, attach a copy of registration and/or past scores.
- When related to Internship II, attach a copy of mid-term and final evaluations for Internship I. If no internship evaluation is available, please attach documentation (e.g., observation record, e-mail from supervisor, or explanation why not available).

**AFTER OBTAINING ADVISOR AND DEPARTMENT CHAIR SIGNATURES,  
SUBMIT THIS FORM TO: STUDENT ACADEMIC SERVICES, 144 WITHERS**

Student Name \_\_\_\_\_

Student Number \_\_\_\_\_

Student E-mail \_\_\_\_\_

Degree/Major \_\_\_\_\_

Current Phone \_\_\_\_\_

Expected Grad. Date \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Last Semester GPA \_\_\_\_\_

Hours Completed \_\_\_\_\_

Hours Current Semester \_\_\_\_\_

*Academic Data Verified by SAS \_\_\_\_\_ (Initial and Date)*

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by Advisor:**     Support     Support with Reservations     Do Not Support  
Rationale (REQUIRED):

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by Department Chair:**     Support     Support with Reservations     Do Not Support  
Rationale (REQUIRED):

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

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**Action by Petitions Committee:**     Support     Support with Reservations     Do Not Support

Signature of Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

**Action by the Dean:**     Approved     Not Approved     Approved with the following conditions:

Signature of the Dean \_\_\_\_\_ Date \_\_\_\_\_