Winthrop University
Richard W. Riley College of Education
Petition Form for Non-Teaching Majors

**Purpose:** This form should be used to appeal requirements in any of the non-teacher education programs in Richard W. Riley College of Education.

**SECTION I: TO BE COMPLETED BY THE STUDENT**

**General Information:** (Please Print or Type)

<table>
<thead>
<tr>
<th>(Last Name)</th>
<th>(First Name)</th>
<th>(Middle Initial)</th>
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<tr>
<th>(Degree/Major)</th>
<th>(Expected Graduation Semester)</th>
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<table>
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<tr>
<th>(Catalog Year)</th>
<th>(Student ID)</th>
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<th>(Local Address)</th>
<th>(Permanent Address)</th>
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<th>(Local Phone No.)</th>
<th>(Permanent Phone No.)</th>
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<th>(Email Address)</th>
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Statement of Petition: (Please Print or Type)
In this section the student should explain what requirements are being appealed. Attach additional sheets if necessary.

______________________________________________________________________________________
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Rationale for Request: (Please Print or Type)
In this section the student should explain why a deviation from requirements is being requested. Attach additional sheets if necessary.

______________________________________________________________________________________
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(Student Signature)  (Date)
SECTION II: TO BE COMPLETED BY THE ADVISOR

(Cumulative G.P.A.)  (Last Semester G.P.A.)  (Hours Completed)

Recommendation: _____ Approve    _____ Do Not Approve

Rationale:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

______________________________________  ________________________________
(Advisor Signature)                        (Date)

SECTION III: TO BE COMPLETED BY THE DEPARTMENT CHAIR

Recommendation: _____ Approve    _____ Do Not Approve

Rationale:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

______________________________________  ________________________________
(Department Chair Signature)               (Date)

SECTION IV: TO BE COMPLETED BY STUDENT ACADEMIC SERVICES

Academic Data Verified by SAS ____________ (Initial and Date)

Action by Petitions Committee: _____ Approve    _____ Not Approved

       _____ Approved with the Following Conditions:

____________________________________________  ________________________________
(Signature of Committee Chair)                (Date)

Action by the Dean: _____ Approve    _____ Not Approved

       _____ Approved with the Following Conditions:

____________________________________________  ________________________________
(Signature of the Dean)                        (Date)