

Greensboro College Petition for Exception to Teacher Education Policy

Please complete Section 1 entirely before meeting with your advisor for a recommendation.

Section 1 (Candidate)

Name _____		Candidate Id _____	
Local Address or Campus Box _____		Major _____	
_____		Advisor _____	
Local Phone Number _____	E-mail Address _____		
I am requesting permission to:			

For what term? _____			
My reasons are as follows: (Be specific. Attach a separate sheet if necessary.)			

Date _____		Signature _____	

Section 2a (Advisor)

Recommendation of Advisor:	
Approve _____	Disapprove _____
Reasons for disapproval, if any:	

Date _____	Signature _____

Section 2b (Supervising Faculty)

Recommendation of Supervising Faculty:	
Approve _____	Disapprove _____
Reasons for disapproval, if any:	

Date _____	Signature _____

Section 3 (Standards Subcommittee Convener)

Other required recommendation (see instructions):	
Approve _____	Disapprove _____
Reasons for disapproval, if any:	

Date _____	Signature _____

Section 4 (Director of Teacher Education)

Decision:	
Approve _____	Disapprove _____
Reasons for disapproval, if any:	

Date _____	Signature _____