

**SEATTLE PACIFIC UNIVERSITY
SCHOOL OF EDUCATION – PETITION**

Date Rec'd in SOE Office:

NAME _____ LEVEL Elem Sec K-12
SPU ID # _____ MAJOR _____
EMAIL _____ PHONE _____

Students:

This petition form should be used to apply for any **deviation from the prescribed requirements for any part of the Residency Certification Program**. In order to qualify for a change or postponement of the prescribed requirements, you must present information on your skills or educational background that will compensate for the program deviation. This may include documentation in the form of transcripts, letters of recommendation, and an explanation of the unique nature of your situation as it relates specifically to the Teacher Education program.

The following factors are considered and may be reasons for denial: 1) GPA concerns; 2) more than one prerequisite item remains; or 3) other individual committee concerns.

Please allow **a minimum of one week for review by the faculty committee**. Notification will be sent via email indicating the team's response and any stipulations. By signing below, you indicate you have read and understand this statement.

Student's Signature

Date

Advisor or Ed Faculty signature (if appropriate)

Please attach a typed request which includes your specific petition and rationale.

For committee use:

Approved Denied

Date

Chair, Undergraduate Committee

COMMENTS: