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| **INSTRUCTIONS FOR FILING PETITION: It is recommended that you meet with your advisor to discuss your request.** | | | | | | | | |
| * Complete the petition according to the following instructions * This petition **must be typed** and filled out completely. * Use your current ASU email address as your results will be sent via email * **State your request** in the section marked “SPECIFIC REQUEST AND JUSTIFICATION OF REQUEST.” If your statement goes beyond one page, you can continue to type and this form will add a page. * **The ‘JUSTIFICATION OF REQUEST” must be stated clearly** explaining why you should be allowed to be exempt for a policy that all other student must follow. Grammar, punctuation and spelling are important elements of your petition. Attachments should include supporting documents only. Your petition should clearly state the semester in which you are requesting the exception. Your request must be accurate and complete and contains all required information; for example, a request to take a class concurrently with student teaching must contain the specific class and the time the class is offered. | | | | | | | | |
| **Name:** Type Name | | | **ASU ID:** Type Number | | | | | **Date:** Type Date |
| **Graduate: Semester/Year** Type Semester/Year | | | | | | **Major:**  Type Major | | **Secondary Education Areas:**  Type Area |
| Campus: Choose an item. | | | ASU Email: Enter Email | | | | | |
| Total Hrs. Completed:  Type Hours | ASU GPA:  Type GPA | | Catalog Year:  Type Year | | | | Term of Request (i.e.: Fall 13)  Type Term | |
|  | | | | | | | | |
| **NATURE OF REQUEST: all students** | | | | | | | | |
| Adjustment to Normal Program Progression | | | | Adjustment to Clinical Experience:  Internship  Student Teaching | | | | |
| Request to take an iTeachAZ Course Out of Sequence | | | | Concurrent Enrollment of a Course with Student Teaching | | | | |
| Course Substitution: Use to Replace Course | | | | Waive a Course (course prefix & number) | | | | |
| Other: | | | | Complete MAC Program without Certification (Advisor Approval) | | | | |
|  | | | | | | | | |
| SPECIFIC REQUEST and JUSTIFICATION: Explain your request in the space below and attach supporting documents. Be specific and include details about why and how you are going to accomplish your request, if it is not approved.  Space will expand as you type. | | | | | | | | |
| Student Signature: Type Student Name. | | | | | Date: Type Date | | | |
| Advisor Name: Type Advisor Name | | | | | | | | |
| Petition Decision:  Approved | | Disapprove | | | | | | |
| Approval Signature: Type Approver Name | | | | | Date: Type Date | | | |
| Notes: Type Notes | | | | | | | | |