



College of Education and Health Professions
Center of Quality Teaching and Learning (CQTL)
Frank Brown Hall, Room 2068

Undergraduate Petition for Appeal

Candidates should base an appeal on exceptional and extenuating circumstances. It is the candidate's responsibility to start the appeal process by completing and submitting the appeal packet. Candidates must submit **a complete** appeal packet to the COEHP CQTL Office **two days** before the next scheduled Undergraduate Council meeting.

According to the Georgia Professional Standards Commission policy on Pre-Service Certificates, courses requiring admission to Teacher Education that have a field experience component are not appealable.

A complete packet will consist of the following:

1. A letter from you (**attached to this form**) giving a detailed description of what it is you are asking of the appeals committee. Please include:
 - ❖ A clear statement of your dilemma or concern
2. Program Coordinator Recommendation Form signed by Program Coordinator
3. Supporting documentation to substantiate new and compelling information. Examples include a letter from academic advisor/professor, doctor's note, or verification of extenuating circumstances.

Written notification will follow within two weeks of the committee's deliberation. A letter will be filed in your records indicating the committee's decision relative to your appeal.

Name _____ CSU I.D. # _____

Major _____ Advisor _____

Address _____ Phone _____

Email Address _____

Have you been admitted to the Teacher Education Program? _____ Yes _____ No

If no, explain what requirements you are missing for admission into to the Teacher Education Program.

I verify that all required information is accurate and true to the best of my knowledge.

Petitioner's Signature

Date



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Program Coordinator Recommendation Form

To: _____
Program Coordinator

I am making an appeal to the Undergraduate Council. I have attached a letter giving you a detailed description of my dilemma or concern and an explanation of why this appeal is critical to me. After reviewing the letter, please submit this form to the Office of College of Education and Health Professions Center of Quality Teaching and Learning by _____. (Student must give at least 10 days notice.)

Thank you.

Petitioner's Name _____ CSU I.D. # _____

Email Address _____ Telephone(C) _____

I verify that all required information is accurate and true to the best of my knowledge.

Petitioner's Signature

Date

As Program Coordinator, I have reviewed this appeal and
_____ recommend that the student **be granted** the appeal.*
_____ recommend that the student **be denied** the appeal.

*If a Program Coordinator recommends approval of an appeal for Limited Flexibility Exemption , it will be his/her responsibility to develop a plan and document support provided in the content area where the exemption was granted.

<file:///P:/DEPTDATA/TeacherEd/SAFE/GACE%20Program%20Admission%20Assessment%20Policy%20Flexibility.pdf>

Comments:

Signature of Program Coordinator

Date