



Columbus State University
College of Education and Health Professions
Student Teaching Program

Request to Take a Course During/After Student Teaching

Policy:

Students must complete all courses related to major (including Practicum and Method Courses) prior to student teaching with a grade of C or better unless otherwise approved.

Instructions to Student:

1. Write a letter that explains your dilemma and an explanation of why this request is critical to you. Attach the letter to this form.
2. Take this form (with your letter attached) to your **Advisor** in the SAFE Office for confirmation of the need.
3. Take this form (with your letter attached) to the **Program Coordinator** for a recommendation.
4. Take this form to Dr. Deniz Peker, **Teacher Education Department Chair** for approval. (Frank D. Brown Hall #3310)
5. If approved, return this form to Berderia Fuller, Coordinator of Student Teaching. (Frank D. Brown Hall #1065)

I am requesting permission to take the following course(s) during or after student teaching:

Semester you would like to student teach: _____

Semester you would like to take the above course(s): _____

List all remaining courses before completion of your program of study: _____

Name: _____

Major: _____ CSU ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

I understand that, if approved, the courses will not conflict with my student teaching program schedule or any mandatory student teaching meetings. I also understand that taking this course cannot interfere with my teaching responsibilities.

Signature of Student

Date

ADVISOR: Please complete the following and sign below.

As this student's advisor, I have reviewed this request and

_____ confirm the need for this request.

_____ do not feel this request is needed.

Comments:

Signature of Advisor

Date

PROGRAM COORDINATOR: Please complete the following and sign below.

As Program Coordinator, I have reviewed this request and

_____ recommend that the student be granted the request.

_____ recommend that the student be denied the request.

Comments:

Signature of Program Coordinator

Date

DEPARTMENT CHAIR: Please complete the following and sign below.

_____ Approval has been given

_____ Approval has been denied

Comments:

Signature of Department Chair

Date