



College of Education Petition

This form allows undergraduate and Master of Arts in Teaching students in the College of Education to request an exemption from the academic policies within the College of Education. All petitions will be reviewed and decisions will be made by the Department Chair in consultation with program faculty and other relevant personnel. The Director of Student Academic Services will complete a final review to ensure all College and University policies/requirements have been appropriately considered. After the request is processed, the student will be informed of the decision via email.

Petitions should be submitted as a PDF or Word document to the appropriate contact below:

- Tampa: Student Academic Services at edu-advise@usf.edu
- St. Petersburg: Arleya Loss at arleya@usf.edu
- Sarasota-Manatee: Cristyne Ramirez at cristyner@usf.edu

To be completed by the student:

Name:	Date:
Email:	Major:
USF ID:	Campus:

Please provide a brief statement in the box below regarding the nature of your request (what are you asking for?) and the reason for the request (why are you asking for it?) If you need additional space, a separate sheet of paper can be added to this petition.

- If the request you are making is related to a medical condition, you may be asked to provide supporting documentation.
- If the request you are making is related to final internship, it will be routed to all stakeholders noted below, including the Director of Field and Clinical Education; therefore, please be sure to include the semester and year of your final internship in your personal statement.

Student Signature: _____

Date: _____



Part 1: To be completed by the Advisor:

Approve Disapprove Other

Comments: _____

Signature: _____ Date: _____

Part 2: To be completed by the Program Coordinator:

Approve Disapprove Other

Comments: _____

Signature: _____ Date: _____

Part 3: To be completed by the Department Chair:

Approve Disapprove Other

Comments: _____

Signature: _____ Date: _____

Part 4: To be completed by the Coordinator of Secondary Internships (if applicable):

Approve Disapprove Other

Comments: _____

Signature: _____ Date: _____

Part 5: To be completed by the Director of Field and Clinical Education (if applicable):

Approve Disapprove Other

Comments: _____

Signature: _____ Date: _____

Part 6: To be completed by the Director of Student Academic Services:

Approve Disapprove Other

Comments: _____

Signature: _____ Date: _____