

# Greensboro College Petition for Exception to Teacher Education Policy

Please complete Section 1 entirely before meeting with your advisor for a recommendation.

## Section 1 (Candidate)

Name _____		Candidate Id _____	
Local Address or Campus Box _____		Major _____	
City/State/Zip _____		Advisor _____	
Local/Cell Phone Number _____	E-mail Address _____		
I am requesting permission to: _____ _____			
For what term? _____			
My reasons are as follows: (Be specific. Attach a separate sheet if necessary.) _____ _____ _____			
Date _____	Signature _____		

## Section 2a (Advisor)

Recommendation of Advisor: Approve _____ Disapprove _____	
Reasons for disapproval, if any: _____ _____	
Date _____	Signature _____

## Section 2b (Supervising Faculty)

Recommendation of Supervising Faculty: Approve _____ Disapprove _____	
Reasons for disapproval, if any: _____ _____	
Date _____	Signature _____

## Section 3 (Standards Subcommittee Convener)

Other required recommendation (see instructions): Approve _____ Disapprove _____	
Reasons for disapproval, if any: _____ _____	
Date _____	Signature _____

## Section 4 (Director of Teacher Education)

Decision: Approve _____ Disapprove _____	
Reasons for disapproval, if any: _____ _____	
Date _____	Signature _____