

# MSCP Selection and Review Request – Petition Form

Send all copies to: Department of Teacher Education, DBH 330  
1 University Dr., Turlock, CA 95382

Student Complete Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Student ID # \_\_\_\_\_ Day Phone \_\_\_\_\_

Type of Petition (Fill in all areas that apply)

**The decision of the Selection & Review Committee is indicated in the right column.**

<b>Leave of Absence for _____ and Return to Program for _____</b> semester year semester year		
The Selection & Review committee has reviewed your request for a leave of absence from the Multiple Subject Credential Program. <b>Leaves of absence are approved on a semester by semester basis. You will need to continue to write to us prior to the beginning of each semester to extend your leave of absence.</b> Please be aware that you are held to any new requirements that are instituted until such time as you have completed all requirements for the credential. If you are returning to the program for student teaching, please be aware that all prerequisites, including CSET, must be completed by the specified deadline in order to return. <i>If your leave extends beyond a three – year period, you will be required to re-apply to the program.</i>	<b>Approved</b>	<b>Denied</b>

**Course Substitution**

Course Number and Title Requested for Substitution*	Institution Where Taken	Date Taken	CSUS Equivalent Course # and Title	Approved	Denied

*\*Please attach appropriate documentation such as course catalog description, syllabus, etc.*

**Other Requests for Exceptions to Multiple Subject Credential Program Requirements**

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\_\_\_\_\_  
MSCP Selection & Review Meeting Date

\_\_\_\_\_  
Committee Chair Signature

<b>Please supply name and address here:</b>		
_____		
<b>Name</b>		
_____		
<b>Mailing Address</b>		
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**\*Comments (office use only)**