



Selection and Review Petition Form

Send all copies to: Teacher Education Department, DBH 330
One University Circle, Turlock, CA. 95382

Student Complete Name _____ Date Submitted _____

CSU Stanislaus Student ID # _____ Day Phone _____

Email: _____ Please check one: MSCP SSCP ESCP
 Concurrent ESCP/MSCP

Type of Petition (Fill in all areas that apply)

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

Leave of Absence for _____ and Return to Program _____ Semester / year semester / year		
The Selection & Review committee has reviewed your request for a leave of absence from the Credential Program. 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. 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>	Approved	Denied

Course Substitution - Please attach appropriate documentation such as course catalog description, syllabus, etc.

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

Other Requests for Exceptions to MSCP, SSCP, or ESCP Credential Program Requirements

	Approved	Denied

Selection & Review Meeting Date

Committee Chair Signature

Please supply name and address here:		

Name		

Mailing Address		
_____	_____	_____
City	State	Zip Code

***Comments (office use only)**