

Selection and Review Petition Form

Submit to the Department of Teacher Education

TeacherEd@csustan.edu - DBH 330

One University Circle | Turlock, CA 95382 | 209-667-3357

Petition form and supporting documentation must be submitted <u>2 weeks in advance</u> of the committee meeting date.

Studer	nt Information						
Last Name, First Name:			Date Submitted:				
Stan State Student ID:			Day Phone:				
Stan State Email:				ESC	CP	MSCP	SSCP
Alternative Email:			Credential Program:	Col	ncurre	nt Option	า
						те ориот	<u> </u>
Type o	f Petition (Fill	in all areas that apply)					
Reinstatement to Program (Please include a statement letter with petition form.)							
Choose reinstatement semester:							
Course Substitution (Please include a statement letter AND supporting documentation with petition form.)							
Course Name and Number being requested for substitution (# of units)		Institution where the course being requested was taken	Semester the course being requested was taken		Stan State Course Name and Number being requested for substitution (# of units)		
 The course you propose to use for substitution: submit the course description from the university catalog <u>AND</u> the syllabus <u>of the semester the course was taken</u>. The Stanislaus State program course you want to substitute: The course description from the university catalog or the syllabus <u>of the most current semester</u>. Highlight the key words in both documents that can support your case. 							
Leave of Absence – LOA (Please include a statement letter with petition form.)							
	First time requestir	g a Leave of Absence (LOA) When do you plan to return from LOA?					
	Second time requesting a Leave of Absence (LOA)		*Please note, a new petition for program reinstatement will be required a semester				
	Third time requesting a Leave of Absence (LOA) before your planned return. *						
Reasons for requesting a Leave of Absence (LOA)							
Personal Need time to study and take CCTC overse. CREST and/or CSST overteets (Proof of test registration recommended)							
	Need time to study and take CCTC exams: CBEST and/or CSET subtests (Proof of test registration recommended.) Special Case: SSCP candidate requests first-time LOA. This LOA will interrupt the candidate's clinical practice placement.						
	Did not submit LOA the first-time.						
<u>Initial</u>							
	Exception Case (Please include a statement letter with petition form.)						