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 [ ]

Type of Petition (Fill in all areas that apply)
The decision of the Selection & Review Committee is indicated in the right column.

<table>
<thead>
<tr>
<th>Leave of Absence for ____________________________</th>
<th>Semester / year</th>
<th>and Return to Program ____________________________</th>
<th>Semester / year</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Selection &amp; 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. If your leave extends beyond a three – year period, you will be required to re-apply to the program.</td>
<td>Approved</td>
<td>Denied</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course Number and Title Requested for Substitution</th>
<th>Institution Where Course Taken</th>
<th>Date Taken</th>
<th>CSUS Equivalent Course # and Title</th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
</table>

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)