

TEACHER EDUCATION - REQUEST FOR EXCEPTION

This request must be received by the Exceptions Committee at least **five (5) days prior** to a committee meeting to be considered. You will be notified via email of the final decision as soon as possible.

NAME: _____ **M#:** _____

PHONE: _____ **ADVISOR:** _____

MAJOR: _____

REASON FOR EXCEPTION REQUEST: _____

SEMESTER/YEAR for which request is being made: _____

Clearly and concisely state your request. Only if absolutely necessary should you attach relevant supporting information. Return the completed form to the Educator Preparation Provider Office (Carrington 209).

Recommend:

Student Signature: _____ **Date:** _____

ACADEMIC ADVISOR CONSIDERATION AND REMARKS:

As this student's Academic Advisor, I:

Academic Advisor Signature: _____ **Date:** _____

PROGRAM COORDINATOR OR DEPT. HEAD CONSIDERATION AND REMARKS:

As this student's Program Coordinator/Department Head, I:

Program Coordinator/Dept. Head Signature: _____ Date: _____

Do not write below this line
******* For Exception Committee Use Only*******

RELEVANT INFORMATION:

NAME: _____ M#: _____

CLASS: _____ TOTAL # OF HOURS COMPLETED: _____ Combined GPA: _____

ACT Composite Score _____

OR

MoGEA

Attempt	Date	Reading Comprehension	Writing	Math	Science & Social Studies	Preparation
1						
2						
3						
4						

Professional Education Courses:

Prof Ed Course	Grade	Semester Taken	Prof Ed Course	Grade	Semester Taken
AGE 318	_____	_____	MUS 200	_____	_____
ECE 304	_____	_____	PSY 360	_____	_____
EDC 150	_____	_____	RDG 474	_____	_____
EDC 345	_____	_____	RDG 574	_____	_____
EDC 350	_____	_____	SEC 302	_____	_____
EDT 365	_____	_____	SPE 310	_____	_____
ELE 302	_____	_____	SPE 340	_____	_____
KIN 200	_____	_____	SFR 486	_____	_____
MUS 200	_____	_____	PSY 360	_____	_____
PSY 360	_____	_____			

Other Professional Education Courses: _____

Remarks/Comments: _____

STUDENT EXCEPTION IS: _____ Approved _____ Denied

Signature, EPP Exceptions and Compliance Committee Chair Date