

## INSTRUCTIONS FOR COMPLETING AND PROCESSING APPEAL FORM

Candidates occasionally encounter circumstances which prevent them from moving forward in their program. Exceptions can sometimes be granted for these circumstances through a student appeal.

### 1. Types of Appeals

#### **a. Prerequisite for Admission or Admission to Professional Education**

In requesting an appeal:

- (1) identify the deficiency(ies) that you have, and
- (2) describe in detail how and when you will remove the deficiency(ies). Failure to include this information will result in your appeal being denied.

#### **b. Retention in Professional Education; Application for a Student Teaching Placement; Exit from Program; Failure to Successfully Complete OSAT**

In requesting an appeal:

- (3) identify the reasons for the appeal on the Office of Educator Support Appeal Form.  
***Please note that an appeal of the OSAT will only be considered where extenuating circumstances exist.***
- (4) Your statement **must** include a plan of action that would allow you to meet all Professional Education requirements. Failure to include this information will result in your appeal being denied.

### 2. Filing Appeals Process

- a. It is the student's responsibility to complete the form and obtain the necessary signatures.
- b. All appeals must be filed with the Coordinator of Educator Certification, 325L Willard. When possible, the committee will meet prior to the beginning of the semester.

### 3. Official Notification of the Appeal Decision

You will be notified in writing of the Committee's decision regarding your appeal. This notification will be sent by the Office of Educator Support, generally within one week following the meeting of the committee. Your appeal may lead to a contractual agreement involving you, your department, and the Office of Educator Support.

**APPEAL FORM**

Name \_\_\_\_\_ Date Appeal Filed \_\_\_\_\_

Residence where you can be contacted:  
Address \_\_\_\_\_ College \_\_\_\_\_

City \_\_\_\_\_ Certification Area \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Program Faculty Advisor \_\_\_\_\_

Telephone \_\_\_\_\_ Classification: Soph Jr Sr Gr

Email Address \_\_\_\_\_

Type of Appeal: \_\_\_\_\_ Prerequisite for Admission to Professional Education \_\_\_\_\_ Admission to Professional Education  
\_\_\_\_\_ Retention in Professional Education  
\_\_\_\_\_ Student Teaching \_\_\_\_\_ Exit from Program  
\_\_\_\_\_ OSAT

Deficiencies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan for Remediation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting documentation or additional information may be attached to this form.

\_\_\_\_\_  
Student's Signature

\_\_\_ I support appeal \_\_\_ I do not Support appeal

\_\_\_\_\_  
Program Faculty Advisor Date

\_\_\_ I support appeal \_\_\_ I do not Support appeal

\_\_\_\_\_  
Department Head Date

**LACK OF SUPPORT DOES NOT JEOPARDIZE THE STUDENT'S RIGHT TO APPEAL.**

Received by: _____	Date: _____
Committee Action: _____	Approved _____ Denied _____

Office of Educator Support

**Appeal: Committee Information**

Student Name \_\_\_\_\_

Date Appeal Filed: \_\_\_\_\_

Date of Declaration/Matriculation \_\_\_\_\_

Date of Admission (if applicable) \_\_\_\_\_

Current Overall GPA \_\_\_\_\_ OGET Score \_\_\_\_\_ Date Passed \_\_\_\_\_

Specialization GPA \_\_\_\_\_ OSAT Scores \_\_\_\_\_ Date Passed \_\_\_\_\_

Professional Ed GPA \_\_\_\_\_

Orientation to Teacher Education Course \_\_\_\_\_ Grade \_\_\_\_\_

Lab and Clinical Experiences Course \_\_\_\_\_ Grade \_\_\_\_\_

Additional Information:

Committee Recommendation: