

**COLLEGE OF EDUCATION
PETITION**

(MUST BE TYPED)

The final decision will be mailed to the address as indicated below.

1.

Name:	Student ID#:
Street or Box:	Telephone:
City, State, Zip:	E-mail:

2. Planned graduation date: _____ Under which catalog year? _____ Present major: _____
 Are you currently enrolled? Yes No If yes, current academic load: _____ Other work hours/week: _____

Campus: Tampa St. Petersburg Sarasota Lakeland

3. I am petitioning an internship matter: Yes No If yes, which semester/year: _____

4. I am petitioning the College of Education for the following exemption:

College of Education regulations are in the USF catalog. Attach a letter explaining the nature of your problem and why you think you should be exempt from these regulations.

Student's Signature: _____	Date: _____
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Part I Advisor's recommendation:	Approve	Disapprove	Other
Comments: _____			
Advisor's Signature: _____		Date: _____	
Part II Chairperson's recommendation:	Approve	Disapprove	Other
Comments: _____			
Chairperson's Signature: _____		Date: _____	
Part III Decision of Coordinator of Undergraduate Advising:	Approve	Disapprove	
Comments: _____			
Signature: _____		Date: _____	
OR Decision of Assistant Dean of Undergraduate Programs:	Approve	Disapprove	
Comments: _____			
Signature: _____		Date: _____	