

APPEAL REQUEST- Field Experience

This appeal is for (circle one): **Practicum I** **Practicum II** **Internship**

Name: _____ Banner ID # _____

FSW email: _____ Phone Number: _____

General Knowledge Test *Please provide documentation from FTCE download

General Knowledge Test Date	Math Score	Reading Score	Language Arts Score	Written Language Score

Professional Education Test Passed *Please provide documentation from FTCE report

Attempt #1 Date	Attempt #2 Date	Attempt #3 Date		
Score:	Score:	Score:		

Subject Area Exam Passed *Please provide documentation from FTCE report

Elementary Education

Attempt	Subject Area Exam Date	Language Arts/ Reading	Social Science	Science	Math
#1					
#2					
#3					

Subject Area Exam Passed *Please provide documentation from FTCE report

Middle and Secondary Programs

Attempt	Subject Area Exam Date	Score
1		
2		
3		

Please explain in detail the reason for this appeal including circumstances that led to this requirement not being met:

GPA for the last three semesters:

_____	_____	_____	_____	_____	_____
Semester	GPA	Semester	GPA	Semester	GPA

Overall GPA _____

I understand that if my request for appeal is granted and I am allowed to continue in the School of Education, I will not be permitted to progress in the program unless this deficiency is satisfied within one semester.

Signature

Date

***Please attach a copy of your unofficial transcript and submit to the School of Education.**

DEPARTMENT USE ONLY

Appeal Decision: _____

Person Notifying: _____

Student Notified on _____ through _____
(date) (phone number or email)

Dean Approval: _____ Date: _____