

Appendix E

Date Submitted _____ Major(s) _____ Area/Endorsement/Addition/Minor _____ _____
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IUCARE _____ Date _____ Mailed copy to student _____ Check transcript(s) _____ Date _____

Indiana University Southeast School of Education **Academic Petition for EXCEPTION**

Please use **BLACK** pen.

Student's Name: _____ SS#: _____

Address: _____
 Street City State Zip

Telephone Home: _____ Work: _____

I petition the School of Education to approve the following action:

Advisor's Signature _____ Approved: _____ Denied: _____

Coordinator's Signature _____ Approved: _____ Denied: _____

Dean's Signature: _____ Approved: _____ Denied: _____

Date: _____

SUBMIT PETITION TO YOUR ADVISOR

FOLLOWING ACTION OF THE DEAN, A COPY OF THIS FORM WILL BE FORWARDED BY MAIL.