

SINGLE SUBJECT CREDENTIAL PROGRAM

Phone: (562) 985-1105

Location: EED-67

Email: ced-tpac@csulb.edu

GENERAL PETITION FORM

Student Name: _____ Subject Area: _____

Address: _____
(Street) (City/State) (Zip)

Phone: _____ Email: _____ Campus ID #: _____

Check the box that best describes the reason for your petition (check all that apply):

- Petition to submit program application after the deadline.
- Petition to submit student teaching application after the deadline. (including late CBEST and/or CSET scores)
- Petition for program reinstatement.
- Petition to retake more than one program course one time.
- Petition to reapply for student teaching for a 3rd+ time.
- Other: _____

*Candidates petitioning for program admission/advancement to student teaching with a low GPA or to take a program course prior to a dmission, do not use this form. There are specific petition forms for these items on the website.

INSTRUCTIONS:

- Attach all of the following documents to this cover sheet:
 - 1) A written statement presenting your situation and reason for asking that an exception be made to the SSCP policy. This is your opportunity to provide the committee with ANY and ALL information that will assist them in determining whether or not an exception to SSCP policy should be made for your situation. (No more than 1-2 pages double spaced)
 - 2) A current print out of your unofficial MyCSULB transcripts.
 - 3) Any documents that support your petition such as CBEST/CSET scores, Certificate of Clearance, etc.
- Once your petition is complete you will need to meet with your subject area advisor to discuss your petition and obtain his/her signature of acknowledgement.
- Submit your completed petition with supporting documents and the signature of your subject area advisor to the Teacher Preparation Advising Center, EED-67, at least 7 days prior to the SSCP Petition Committee Meeting. The schedule of petition meetings and petition due dates is available on the SSCP website (www.csulb.edu/sscp), under "Petitions".

SUBJECT AREA ADVISOR ACKNOWLEDGEMENT:

Comments: _____

Subject Area Advisor Signature: _____ Date: _____

PETITION COMMITTEE DECISION:

Grant Deny Delay

Comments: _____

SSCP Director Signature: _____ Date: _____