Southern Oregon University
School of Education
Petition For Waiver Of Teacher Education Requirements

Name _____   Date_____

SOU ID#_____   Telephone_____

Address (Street, City, State, Zip)   _____

I am completing the requirements in one of the following SOU Teacher Education Program (please check one):

☐ Master in Education

☐ Master of Arts in Teaching

☐ Special Education

☐ ESOL/Bilingual Endorsement

☐ Other (specify)_____

I request a waiver of rules and/or procedures governing the operation of the above-mentioned teacher education program in which I am enrolled.

State the Rule or Procedure which you request be waived in this case.

_____

_____

_____

On what basis do you feel that the waiver should be granted?   *(Attach documentation, if needed.)*

_____

_____

_____

_____

_____

Student Signature_____   Date _____

(over)

Advisor/Coordinator recommendation and comments:

I (please check one) ☐ approve   ☐ do not approve this single waiver request in the program listed above.

_____

_____

_____

Advisor Signature: _____   Date _____

Director of Education: _____   Date _____