



SUPT ADVISORY BOARD APPEAL FORM

Teacher Candidate Name: \_\_\_\_\_ WIN # \_\_\_\_\_

Program: EED SED ECE SPED ART PEP CTE MSC SPPA

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**INTERNSHIP INFORMATION:**

Semester: \_\_\_\_\_ Location: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_

**REASON FOR APPEAL:**

Late Application

Change in Placement Location

Missing Class(es)

Title \_\_\_\_\_ Subject \_\_\_\_\_ Course Number \_\_\_\_\_

Please indicate semester, days and time when you plan to take this class: \_\_\_\_\_

Other \_\_\_\_\_

**INDEPTH DESCRIPTION OF APPEAL:**

Teacher Candidate Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

GPA: \_\_\_\_\_

Comments: \_\_\_\_\_

**ADVISORY BOARD DECISION:**

Teacher Candidate Notified: E-mail: \_\_\_\_\_ Mail: \_\_\_\_\_ Date: \_\_\_\_\_