This form is for any student wishing to appeal professional program admission decision, an internship admission decision, or a certification recommendation decision must make such an appeal in accordance with the policies and procedures established by the USCB Department of Education’s Professional Program Committee.

TO BE COMPLETED BY STUDENT:
Name: _______________________________________________________________________
Student ID Number: _______________________________________________________________________
Current Phone Number/e-mail: __________________________________________________________
Expected Graduate Date: __________________________________________________________

STATEMENT OF PETITION: (Attach additional sheets if needed)

RATIONALE FOR REQUEST: (Include what happens if petition is denied)

Signature of Student: ___________________________ Date: ____________

TO BE COMPLETED BY DEPARTMENT CHAIR:
Approved: ___________ Not Approved: ___________
Signature: ___________________________ Date: ____________