



Department of Education

CONSTRUCTIVIST EDUCATOR
UNIVERSITY OF SOUTH CAROLINA BEAUFORT

PROFESSIONAL PROGRAM/INTERNSHIP APPEAL FORM

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: _____