

**PETITION**  
**PTC Credits**

FirstName:  LastName:  ID#:   
 Address:  Degree:   
 City:  State:  Zip Code:  Major Area:   
 Country:  Campus:

REQUEST: That the following courses taken while on PTC status be included as part of my degree program.

REASON:

PLEASE TYPE/PRINT

Course #	Course Title	# Credits	Grade	Approved

Student Initial:  Date:

Recommended: Academic Advisor: \_\_\_\_\_ Date:   
 Department Chair/Program Director: \_\_\_\_\_ Date:

Approved: Dean, School of Education: \_\_\_\_\_ Date:   
 Graduate Dean (for more than 8 credits): \_\_\_\_\_ Date: