

PETITION or WAIVER REQUEST

Department of Secondary Education

Woodring College of Education – Western Washington University

516 High Street, Bellingham, WA 98225-9090

Phone: (360) 650-3327 Fax: (360) 650-7516

Name of petitioner: _____ Student # W _____

Mailing Address

Local Phone # _____

e-mail _____

Petition or Waiver Request for which of the following categories?

Course/Prereq/coreq

Internship

Retention

Other

Request:

Rationale:

Attach documentation appropriate to your request such as transcripts, evaluations, letters of verification or support. Submit request to the Secondary Education Department, Miller Hall Room 306, or mail to the address above.

Student Signature

Date

Date Received

Department Response:

Approve

Deny

Other

Comments:

Faculty Adviser _____ Date _____

Department Chair _____ Date _____