

**PETITION FOR WAIVER
SPECIAL EDUCATION DEPARTMENT - MH 161
WOODRING COLLEGE OF EDUCATION - WESTERN WASHINGTON UNIVERSITY
Phone: 360/650-3330 Fax: 360/650-4992**

NAME OF PETITIONER _____ STUDENT ID# W_____

CONTACT INFORMATION _____ DATE _____

MAILING ADDRESS: _____

LOCAL PHONE # _____

E-MAIL ADDRESS _____

PETITION REQUEST FOR _____ Quarter, 20__

West -B Test Date: _____

Student Teaching Transcript Review

Other _____

Please provide documentation such as: transcripts, letters of verification, or practicum evaluations.

RATIONALE:

**Submit Petition to:
Special Education Dept., MH 161
Woodring College of Education
Western Washington University**

STUDENT SIGNATURE

DEPARTMENT RESPONSE:

APPROVED COMMENT:

DENIED

OTHER

FACULTY ADVISOR/ DEPARTMENT CHAIR _____

DATE _____

