



Student Teaching Eligibility Appeal Instructions/Process

**St. Cloud State University – School of Education
720 4th Avenue South - EB A-110 - St. Cloud, MN 56301
320-308-3023**

- 1) Teacher candidate completes page 1 of the attached form.
- 2) Submit completed form to the School of Education Dean's office (EB A110).
- 3) An appeals meeting will be scheduled with you.
- 4) A Student Teaching Appeal Committee will meet with you. The Student Teaching Appeal Committee will be comprised of, at minimum: Academic advisor/Department chair (when possible), Student Services representative, Office of Clinical Experiences representative. The teacher candidate will have the opportunity to address the group and present their case, if they choose to do so, but this is not required. Candidates wishing to be present for the meeting must indicate this at the time of submitting their appeal request, for scheduling purposes.
- 5) The Appeal Committee Meeting will be limited to 20 minutes.
- 6) The Appeal Committee will provide a written summary and recommendation to the head of the Teacher Education Unit (Dean of the School of Education).
- 7) The Dean will make the final disposition. The teacher candidate will receive a copy of this.

Student Teaching Appeal Committee Meeting Dates:

(To be scheduled in January, after January 17th)



Student Teaching Eligibility Appeal

St. Cloud State University – School of Education
720 4th Avenue South - EB A-110 - St. Cloud, MN 56301
320-308-3023

Student Name: _____ Tech ID: _____

Email Address: _____ Daytime Phone: _____

Date: _____ Major: _____ Content Advisor: _____

Education Advisor: _____ Semester and Year of anticipated student teaching: _____

Preferred Date/Time for Appeal Meeting: _____ Do you plan to attend? Yes No

Describe your situation. Include **specific information** about why you think the decision regarding your student teaching eligibility should be changed. *(You may attach additional pages if you need to do so. Please attach relevant documentation as well.)*

Have you met with an advisor or program chair regarding this matter? *(Please describe the outcome of that meeting and/or attach relevant documentation from your meeting; i.e. written program plan)*

Student Signature _____ Date _____

(This section for official use only)

Date received by SOE Student Services: _____ Received by: _____

Date/Time of Appeal Committee Meeting: _____ at _____ a.m./p.m. (circle one)

Recommendation of Appeal Committee: _____

Date received by Dean's Office: _____ Received by: _____

Final Disposition: _____

Student Teaching Eligibility Appeal Committee Meeting

St. Cloud State University – School of Education
720 4th Avenue South - EB A-110 - St. Cloud, MN 56301
320-308-3023

Date of Appeal Committee Meeting: _____

Persons present:

<hr/> <i>Name Printed</i>	<hr/> <i>Signature</i>
<hr/> <i>Position</i>	<hr/> <i>Date</i>

<hr/> <i>Name Printed</i>	<hr/> <i>Signature</i>
<hr/> <i>Position</i>	<hr/> <i>Date</i>

<hr/> <i>Name Printed</i>	<hr/> <i>Signature</i>
<hr/> <i>Position</i>	<hr/> <i>Date</i>

<hr/> <i>Name Printed</i>	<hr/> <i>Signature</i>
<hr/> <i>Position</i>	<hr/> <i>Date</i>

<hr/> <i>Name Printed</i>	<hr/> <i>Signature</i>
<hr/> <i>Position</i>	<hr/> <i>Date</i>

<hr/> <i>Name Printed</i>	<hr/> <i>Signature</i>
<hr/> <i>Position</i>	<hr/> <i>Date</i>

Meeting Summary: