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:

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Meeting Summary: