

## REQUEST FOR ADJUSTMENT OF CREDENTIAL REQUIREMENTS

|  |            |                   |   |
|--|------------|-------------------|---|
| Last Name                              | First Name | Middle Name       | Date  |
| Mailing Address (Street Name & Number) |            |                   | Red ID  |
| City                                   |            |                   | <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject |
| State                                  | Zip        |                   | Credential  |
| Cell Phone Number                      |            | Home Phone Number | Former Name(s)  |

This form is to be used by a credential candidate requesting an exception to the requirement for a particular credential. This petition with supplemental data attached, should be ***submitted to the Office for Student Success, LH 259 for action.*** Data sought to justify the waiver or submission of coursework might ***include verification of recent work experience, copies of course catalog description(s) and/or syllabi, and copies of transcripts verifying grades*** (do not submit originals; these will not be returned). Candidates will receive a copy of the waiver or course description request with the final recommendation in the mail. In instances where requests have been denied, candidates may resubmit requests with additional information.

Exception Requested:

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Justification for Request:

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Approve \_\_\_\_\_ Deny \_\_\_\_\_

Approve \_\_\_\_\_ Deny \_\_\_\_\_

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Department / Program Coordinator Signature

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Authorized Signature / CTC Validation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Comments:

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