

REQUEST FOR AN EXCEPTION TO STUDENT TEACHING POLICY
(COURSE AUTHORIZATION APPROVAL FORM)
Texas Woman's University

Student's Name (Please Print) _____

Student's Student Identification Number _____ Telephone Number _____

Student's Major & Certification _____

Student's TWU Email Address _____

Academic Record: _____ Classification: _____

Hours Attempted _____

Hours Passed _____ Cumulative GPA _____

Exception Requested (include semester, day and time course will be taken):

Reasons or Rationale for Exception:

Conditions to Be Met if Exception Granted: (PDC office use only)

Approved

Date

Faculty Advisor

Department Head/Chair

*Student should attach a copy of his/her
unofficial transcript to this document.*

Submit Request:
Professional Development Center
202 Stoddard Hall