

REQUEST FOR AN EXCEPTION TO THE CLINICAL STUDENT TEACHING POLICY  
(COURSE AUTHORIZATION APPROVAL FORM)

Student's Name (Please Print) \_\_\_\_\_

Student Identification Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Major & Area of Certification \_\_\_\_\_

TWU Email Address \_\_\_\_\_

Classification: \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Hours Attempted \_\_\_\_\_ Hours Passed \_\_\_\_\_

<u>Exception Requested (Include semester, day and time course will be taken):</u>  
<u>Reasons or Rationale for Exception:</u>  
<u>Conditions to be Met if Exception Granted: (OCP use only)</u>  

*Rev. 12.13.18*

*Approved*

\_\_\_\_\_  
Faculty or Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean (MAT Only)

\_\_\_\_\_  
Date

*Student responsible for attaching an unofficial transcript to this document.*

**Submit Request to:** Office of Clinical Practices, Stoddard Hall, Room 211

**Questions:** Call 940.898.2734