

**TEACHER EDUCATION PROGRAM ADMISSION APPEAL**  
**DEPARTMENT OF EDUCATION FREED-HARDEMAN UNIVERSITY**

*(To be completed in consultation with the Faculty Advisor, Director of Field Experiences, Department Administrative Assistant, and Department Chair.)*

Full Name: \_\_\_\_\_ Campus Box #: \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FHU Email: \_\_\_\_\_@students.fhu.edu Anticipated Grad. Date (*semester and year*): \_\_\_\_\_

**Explain and describe your reason for appealing admission to the FHU Teacher Education Program. Be specific with your request. (If additional space is needed, use a separate attached sheet.) I request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT SHOULD NOT WRITE BELOW THIS LINE**

Student's GPA \_\_\_\_\_ ||| Student's ACT Score \_\_\_\_\_ (OR) CORE Scores \_\_\_\_\_ (R) \_\_\_\_\_ (W) \_\_\_\_\_ (M)

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**(Advisor)** Action recommended: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Advisor* \_\_\_\_\_ *Date*

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**(Administrative Assistant)** Action recommended: \_\_\_\_\_ Approve \_\_\_\_\_ Deny Please Explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Administrative Assistant* \_\_\_\_\_ *Date*

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**(Director of Field Experiences)** Action recommended: \_\_\_\_\_ Approve \_\_\_\_\_ Deny Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Director of Field Experiences* \_\_\_\_\_ *Date*

.....  
**(Department Chair)** Action recommended: \_\_\_\_\_ Approve \_\_\_\_\_ Deny Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Department Chair* \_\_\_\_\_ *Date*

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**Teacher Education Committee:** Action: Approve \_\_\_\_\_ Deny \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Date*