

STANDARD TEACHER EDUCATION DEFICIENCY APPEAL

You are eligible to submit a Standard Teacher Education Deficiency Appeal if:

- you are lacking completion of no more than ONE eligible admission requirement (not including any required courses you may be currently taking) and
- you have submitted your Teacher Education Admission Application

If your appeal is approved, you will be given access to take one or more restricted Teacher Education courses for a period of **ONE semester or term**. You will be required to complete your deficiency by the deadline noted below. (See Deficiency Completion Deadline) **Approved deficiency appeals are contingent on successful completion of any required courses you may be currently taking.**

APPEAL POLICIES

1. Deficiency appeals are granted ONE time for ONE semester or term. (Spring/Summer/Fall).
2. Your appeal application will NOT be accepted if your Teacher Education Admission Application has NOT been submitted.
3. Your appeal application will not be accepted if you have more than ONE eligible admission deficiency.
4. Deficiency appeals will not be granted for TB or background check deficiencies.
5. To be considered for a **GPA** deficiency appeal your cumulative or last 60 hr. GPA must be at least 2.70 and it must be mathematically possible for you to obtain a 2.75 GPA during your appeal semester. Please use the [FHSU GPA Calculator](#) or a GPA calculator of your choice to determine what grades you will need to meet the 2.75 GPA requirement.
6. **Per COPTSP Policy G.4.3, immediate discontinuation in the Teacher Education program will occur if you fail to complete your deficiency by the deadline that corresponds with your appeal semester/term.**

DEFICIENCY APPEAL SUBMISSION & REVIEW PROCESS

1. Submit your Teacher Education Admission Application.
2. Thoroughly read all information included on this appeal application and complete all necessary steps.
3. **Submit your Appeal Application, typed statement, and any other verifying documents to Mrs. Andi Beckman via email at asbeckman@fhsu.edu.**
4. Mrs. Beckman will obtain the signature of your content advisor (or other department designee) and will verify that your deficiency completion plan has been discussed.
5. Notification of the decision of the Appeal Review Committee will be conveyed to you via your FHSU email account within a week of the committee's decision.
6. If your deficiency appeal is not approved, you may make a final appeal to the Dean of Education.

Deficiency Completion Deadline (If your appeal is APPROVED)

- If your **SPRING** deficiency appeal is approved, you will be required to complete your deficiency by the Summer grade post date.
- If your **FALL** deficiency appeal is approved, you will be required to complete your deficiency by the Winter Intersession grade post date.

You will not be allowed to continue in the FHSU Teacher Education program if you fail to complete your deficiency by the deadline that corresponds with your appeal semester/term.

TEACHER EDUCATION DEFICIENCY APPEAL APPLICATION

(For TEMPORARY access to take one or more restricted Teacher Education courses)

Name: _____

Today's Date: _____

FHSU Email: _____

FHSU ID: _____

Major: _____

Cumulative GPA: _____ [FHSU GPA Calculator](#)

Advisor: _____

I conferred with my advisor on (date) _____ to discuss my deficiency and my course of action to complete said deficiency by the deadline.

I am applying for access to take one or more restricted courses during the (choose only one):

Spring Semester

Summer Term

Fall Semester

Type a detailed statement (no more than one page) that includes the following information:

- State your deficiency and indicate why your situation justifies granting the opportunity to take restricted classes before you've completed admission requirements.
- State the steps you've taken to eliminate your deficiency thus far.
- State the steps you will take to fulfill your deficiency moving forward: (FOR GPA DEFICIENCY – Please include grades you must receive on courses next semester to successfully raise your GPA.)

Student's Signature _____

(FOR ADVISOR USE)

Rationale for Positive Recommendation or Disapproval:

(FOR OFFICE USE ONLY)

NOTES:

Recommendation of Content Academic Advisor

- Approve
- Deny
- Approve with Stipulations (above)
- Postpone decision

Signed: _____

Date: _____

Recommendation of Appeal Committee:

- Approve
- Deny
- Approve with Stipulations (above)
- Postpone decision

Date: _____

Comments by Appeal Review Committee: