

## APPEAL TO EXTEND A UNIVERSITY INTERNSHIP CREDENTIAL ONE YEAR PLAN FOR COMPLETION

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Credential Program: \_\_\_\_\_

Coursework	Enrollment Term
<b>Comments:</b>	

**Additional requirements which must be completed prior to credential recommendation:**

Check as appropriate

RICA \_\_\_ CPR \_\_\_ EdTPA \_\_\_ ESTP \_\_\_ ASLPI \_\_\_ Writing Proficiency \_\_\_ CHDEV \_\_\_

**GPA:** An overall GPA of 2.75 since admission to the credential program and a cumulative 3.0 GPA in professional education coursework is required for credential recommendation. A grade of “C” or higher is required in all courses.

By signing this statement, I acknowledge that I have received a copy of the one year plan for completion of the Intern Program. I understand that this is a one-time one year extension and it is my responsibly to fully meet all requirements within the allotted time. I also understand that if I do not meet all requirements I will no longer be eligible to be enrolled in the Intern Program.

\_\_\_\_\_

Student Name
Signature
Date

\_\_\_\_\_

Faculty Advisor/Intern Coordinator
Signature
Date