Appeal to Student Teach With Late Content Exam Scores

It is extremely rare for an appeal to be granted for a candidate to begin student teaching without a passing score on file for the certification content exam. This is to protect the candidate, as all candidates who do not pass the content exam prior to completing the student teaching semester are dropped from student teaching, forfeiting the time invested prior to being dropped, and placing the candidate in jeopardy of being removed from the university should the scores come in past the set date to register for any other classes that semester. In no circumstances are test scores accepted AFTER the registration deadline for the next upcoming student teaching semester. This is to protect the candidate from missing a second opportunity at student teaching.

Appeals are granted with the following conditions:

- Candidates must immediately register for the test and inform the testing office of the date it will be taken.
- Candidates must continue to pursue student teaching as if the test has been passed, including attending the mandatory student teaching orientation.
- If candidates must miss a day of student teaching to take the test, an absence is recorded for that day.
- If the test is not passed, the candidate will immediately be dropped from student teaching and will need to register to student teach the next semester.
- The exam must have been attempted at least once prior to the appeal, and the deficient score can be no lower than one standard error of measurement for that exam.
- The passing score must be received no later than the 10th class day of the semester.
- Candidates must sign the appeal form agreeing to these conditions.

Submit the appeal by emailing to the Educator Preparation Manager, at the following: Email: edcertfield@sfasu.edu or Fax: 936-468-2012
Appeal to Student Teach With Late Content Exam Scores

Candidate Name: ____________________________________________  CID: _______________________

Certification Program/Area: ______________________________________________________________

List previous test attempts and scores:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Reason you are appealing:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

When is the next available testing date for your certification area?
____________________________________________________________________________________

If this appeal is granted, your signature indicates you understand and agree to the following:
• You must immediately register for the test and inform the testing office of the date it will be taken.
• You must continue to pursue student teaching as if the test has been passed, including attending the mandatory student teaching orientation.
• If you must miss a day of student teaching to take the test, an absence is recorded for that day.
• If the test is not passed, you will immediately be dropped from student teaching and will need to register to student teach the next semester.
• The passing score must be received no later than the 10th class day.
• Filing an appeal does not guarantee the appeal will be granted.

Candidate Signature: ________________________________  Date: ________________________________

Program Coordinator Signature: ________________________________  Date: ________________________________

Educator Preparation Manager Signature: ________________________________  Date: ________________________________

Appeal Granted ____  Appeal Denied ____

If granted, date of final attempt: __________________________________________________________

If denied, reason for denial: ____________________________________________________________