Appeal to Student Teach With Late Content Exam Scores

It is extremely rare for us to grant an appeal 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 unenrolled 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.

Reasons why an appeal MIGHT be granted include but are not limited to the following:

- Enrollment in a program that has limited testing opportunities
- Financial hardship preventing re-testing
- Family emergencies preventing timely testing

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 passing score must be received no later than September 10 for fall student teachers and February 10 for spring student teachers.
- Candidates must sign the appeal form agreeing to these conditions.

Submit the appeal by emailing to Dr. Jannah Nerren, Associate Dean, at the following:
Email: nerrenjanna@sfasu.edu or Fax: 936-468-1475
Appeal to Student Teach With Late Content Exam Scores

Candidate Name: ___________________________ CID: ___________________________

Certification Program/Area: ______________________________________________________

List previous test attempts and scores:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
List previous test attempts and scores:
______________________________________________________________________________
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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 us 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 September 10 for fall student teachers and February 10 for spring student teachers.

Candidate Signature: ___________________________ Date: ___________________________

Associate Dean Signature: ___________________________ Date: ___________________________

Appeal Granted ____  Appeal Denied ____

If granted, date of final attempt: ______________________________________________________

If denied, reason for denial: __________________________________________________________