## Benchmark Appeals Form

### Student Contact Information

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Advisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner ID:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Program</th>
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<tbody>
<tr>
<td>☐ Early Childhood</td>
</tr>
<tr>
<td>☐ Elementary</td>
</tr>
<tr>
<td>☐ Health &amp; Physical Education</td>
</tr>
<tr>
<td>☐ Subject Matter (List Dual Major):</td>
</tr>
</tbody>
</table>

I am appealing the Committee’s Decision for:

- ☐ Benchmark I (entrance to the Teacher Education Professional Program)
- ☐ Benchmark II (entrance to Clinical Practice/Student Teaching)
- ☐ Benchmark III (exit/graduation)

Benchmark period (check one): ☐ Fall 20___    ☐ Spring 20___

Reason for not meeting Benchmark (indicate all that apply):

- ☐ GPA
- ☐ D/F/IN on transcript
- ☐ Missing prerequisite
- ☐ Disposition/Professional Behavior Alert
- ☐ Praxis Issue
- ☐ Other

**Justification for Appeal to the Committee on Student Progress:**

(Be clear and concise. Attach a separate sheet, if necessary)

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**NOTE: Filing an appeal in no way guarantees that you will be permitted to continue in your Education program or coursework.**

_______________________________   ______________________   __________
Student Signature               Date

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**OFFICE USE ONLY**

Date Received: ____________________ BY ______________________
Committee Review Date: ______________________

Please circle one of the following:    Approved    Denied    Pending

Please write any comments below: