

Austin Peay State University
Office of Teacher Education and Partnerships
Appeal Application

Name: _____

A Number _____

Email: _____

Advisor: _____

Reason for Appeal: (Check as many as needed)

Milestone I:

GPA

Milestone II:

GPA GRE Praxis I ACT

Disposition

Please Attach The Following Information To This Form:

(Please note that your appeal **will not** be considered unless all of the following information is submitted)

1. Letter from student detailing reason(s) for appeal
2. Current transcript from Onestop
3. Praxis I test scores (if that is what you are appealing)

Signature

Date

The Coordinator of Teacher Licensing will complete the following

R-156 ACT-21
W-162 SAT-1080
M-150

GPA: _____ Major: _____ Minor: _____ Semester: _____

Dispositions: _____

Deficiencies: Praxis I R _____ W _____ M _____

Notes: _____

Recommendation by Committee: Approval _____ w/stipulation(s) _____ No _____

Stipulations: _____

Email to Feek@apsu.edu, Office of Teacher Education