



**Educational Partnerships & Experiences**  
**Clinical Placement Appeal Form**  
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Last Name		Teacher Certification Program	
First Name		Clinical Course Prefix	
WSU Access ID		Clinical Course #	
Phone		Clinical Course Title	
WSU Academic Advisor			

1. Provide a clear and descriptive rationale for your placement appeal. **Attach** any and all formal supporting documentation.

2. Have you filed an appeal for a different clinical placement in the past? If so, what was the date and the decision?

I affirm that all of the information above is true and accurate. I acknowledge that if I, purposefully or inadvertently, provided information that is inaccurate, it may jeopardize my continuation in my academic program. I may be removed from the program without the option to return.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date