

Application for Non-Licensure Status

**Application for Non-Licensure Status (Exception) for Education Majors
College of Education and Social Services: Department of Education
Submit form via email to the DEL: ellen.baker@uvm.edu**

Student Name _____

Net ID _____ Date _____

Academic Major _____ Academic Advisor _____

Number of Credits _____ SST Date (if relevant) _____

Person(s) completing the initiation of the application:

1. _____

2. _____

Reason(s) for request to pursue Non-Licensure (please be concise, factual, and specific):

For administration use

The DEL and the Director of Student Services have consulted and reviewed the student degree audit. Yes _____ No _____ Date _____

A meeting to discuss the reason(s) for the request, the non-licensure exception requirements, and graduation goals of the student took place with: the student, DEL, Academic Advisor, and Director of Student Services

Yes _____ No _____ Date _____

Decision was made

Non-licensure (exemption to major) approved

Yes No Date _____

Brief reason for decision

Was the decision contested?

Y N

If contested on what date was the did the DEL refer the contested decision to the CESS Assistant Dean for Academic and Student Affairs? _____

Signatures

Student _____ Date _____

Academic Advisor _____ Date _____

Program Coordinator _____ Date _____

Director of Student Services _____ Date _____

Director of Teacher Education _____ Date _____

Assistant Dean for Academic and Student Affairs _____ Date _____
(only if contested)