

**College of Education**

Office of Student Services

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**REQUEST FOR EXTENSION TO REMAIN IN THE COLLEGE OF EDUCATION**

|  |  |  |
| --- | --- | --- |
| Name:Click here to enter text.  | ULID:Click here to enter text. | Date:Click here to enter text. |
| Major:Click here to enter text. | Concentration:Click here to enter text. | CUM GPA:Click here to enter text. |

**Please answer each question below:**

|  |  |
| --- | --- |
|  | **ANSWERS** |
| **Do you have a cumulative GPA of 2.5 or higher?** | Click here to enter text. |
| **Do you have an ACT composite of 22 or higher****OR****have you passed all parts of Praxis I Core Academic Skills (Reading, Writing, and Math)?** | Click here to enter text. |
| **Have you successfully completed all freshman courses?** | Click here to enter text. |

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| **Why have you not met all requirements to be admitted? Please included a detailed explanation below:** |
| Click here to enter text. |

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| **What is your action plan? Be as specific as possible and include everything you plan to do to meet the requirements and a timeline for completion.** |
| Click here to enter text. |

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Student Signature Date