[](http://www.louisiana.edu/trademark.html)

**College of Education**

Office of Student Services

P.O. Box 43722

Lafayette, LA 70504-3722

Office: (337) 482-6681

Fax: (337) 482-5842

**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. |

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

|  |
| --- |
| **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. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date