

COLLEGE of CHARLESTON

SCHOOL OF EDUCATION,
HEALTH, AND HUMAN
PERFORMANCE

Certificate Renewal Credit Plan

Appeal

Part A: Appeal Information to be completed by Teacher Educator or Master Teacher

Name		Date of Appeal	
School/Department		SC Certificate Number	
Type of Certificate: Check One	<input type="checkbox"/> Professional Certificate	<input type="checkbox"/> Initial Certificate	<input type="checkbox"/> Other Type Certificate
Activity Project Title (if applicable)			
Please describe the renewal credit activity that was denied and explain how it meets eligibility requirements listed in the Renewal Credit Matrix (attach relevant documentation).			# of Renewal Certification Points Requested
Activity Renewal Option (Check one below) Note: <i>Option 3 District Point Plan (N/A)</i>			
<input type="checkbox"/> Option 1 College Credit	<input type="checkbox"/> Option 2 SDE Certificate Renewal Course	<input type="checkbox"/> Option 4 Publication	
<input type="checkbox"/> Option 5 Instruction	<input type="checkbox"/> Option 6 Professional Training	<input type="checkbox"/> Option 7 Professional Assessor/Evaluator	
<input type="checkbox"/> Option 8 Mentor, Supervisor, Instructional Coach	<input type="checkbox"/> Option 9 Educational Project, Collaboration, Grant, or Research	<input type="checkbox"/> Option 10-11 Professional Development Activity	

Part B: Appeal Status: to be completed by Appeals Committee

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
If denied, reason(s) for denial:	
Appeals Committee Signatures:	Date: