



REQUEST FOR AN EXCEPTION TO ACADEMIC POLICY

Student Information

Name: _____ ID # _____
 Major: _____ Class Standing: FR SO JR SR GR
 Contact e-mail _____ Anticipated Graduation Date _____

Petition for Exception to Academic Policy

Please describe clearly the academic policy and the exception that you are requesting.

 _____ Date _____
 Signature of the Student

_____ I support this request. _____ I do not support this request.
 _____ Date _____
 Signature of the Academic Advisor

Action taken by the Academic Standards and Practices Committee
 Approved _____ Denied _____ Committee Meeting Date _____

Comments
 _____ Date _____
 Signature of the Registrar