



Petition for Exception to Academic Policy

Faculty Generated

Please Type or Print.

Student Name: _____ **ID:** _____
Last name First Name Middle Name

Semester: Fall Spring Summer **Year:** _____

State clearly the exception you are requesting and your rationale. Attach additional information if needed.

Faculty: _____ **Date:** _____
Signature of Faculty Member

Student: _____ **Date:** _____
Signature of Student (required)
 I have discussed this petition with the faculty member.
 I approve this request. I DO NOT approve this request.

Program Coordinator: _____ **Date:** _____
Signature of Program Coordinator
 I have discussed this petition with the faculty member.
 I approve this request. I DO NOT approve this request.

Division Chair: _____ **Date:** _____
Signature of Division Chair
 I have discussed this petition with the faculty member.
 I approve this request. I DO NOT approve this request.

Provost: _____ **Date:** _____
Signature of Provost (required)
 I have discussed this petition with the faculty member.
 I approve this request. I DO NOT approve this request.

Completed: _____ **Date:** _____
Signature of Registrar's Office