



# Petition for Exception to Academic Policy

## Student 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.

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**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Student

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Advisor (required)  
 I have discussed this petition with the student.  
 I approve this request.  I DO NOT approve this request.

**Program Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Program Coordinator  
 I have discussed this petition with the student.  
 I approve this request.  I DO NOT approve this request.

**Division Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Division Chair  
 I have discussed this petition with the student.  
 I approve this request.  I DO NOT approve this request.

**Provost:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Provost (required)  
 I have discussed this petition with the student.  
 I approve this request.  I DO NOT approve this request.

**Completed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Registrar's Office