



Graduate School Petition for Exception to Academic Policy

Student's Name: _____ Student ID: _____

Degree: _____ Program: _____

Address: _____
Street City State Zip Code

E-mail: _____ Phone Number: _____
(Include Area Code)

I request permission to: _____
If applicable
Course with section: _____
Semester: _____ # of credits: _____

Reasons for this request:
(attach additional page if necessary)

Student Signature **Date**

By signing this form I acknowledge that I must obtain all of the required signatures before submitting the form to the Graduate School for consideration.

Please obtain the signatures of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition.
PLEASE NOTE: Positive recommendations from your department do not guarantee approval by the Graduate School.

Graduate Course Instructor's Signature **Recommend**
 Approve Deny Date: _____
Comments: _____

Graduate Adviser's Signature **Recommend**
 Approve Deny Date: _____
Comments: _____

Graduate Program Coordinator's Signature (Required) **Recommend**
 Approve Deny Date: _____
Comments: _____

After obtaining the necessary signatures, please return this form to the Graduate School for final review.

Graduate School Signature **Action:**
 Approve Deny Date: _____
Comments: _____