

REQUEST FOR EXCEPTION TO ACADEMIC POLICY

STUDENT INFORMATION (please print clearly or type)

Social Security # _____ - _____ - _____ Daytime phone _____

Last name _____ First name _____

Street address _____

City, State, Zip _____

REQUEST

Course prefix and number _____ Fall Spring Summer Year _____

Drop class Withdraw after deadline Grade change from _____ to _____

Other _____

I am aware of financial aid implications, as checked below:

I do not receive financial aid If approved, student will owe \$ _____

No financial aid implications If approved, student will be refunded \$ _____

Financial aid advisor's signature _____ Date _____

RATIONALE (attach supporting documentation)

Check here if supporting documentation is attached.

Student's signature _____ Date _____

FOR ADMINISTRATIVE USE ONLY

Approved Denied Pending (see comments) Effective date _____

Signature _____ Date _____