Petition for Exception to Policy

Please Print Legibly in Blue or Black Ink!

Name: ______________________________________ UID: ____________________________

Major(s): ____________________________________ Today’s Date: ______________________

Email Address: _______________________________________________________________

Phone Number: __________________________________________________________________

Action Requested*: __________________________ Term and year for exception: ______________

*Also select the appropriate action on the reverse side of this sheet.

• The College will consider an exception to academic policy ONLY IN RARE & EXTRAORDINARY
  CIRCUMSTANCES THAT WERE BEYOND YOUR CONTROL. The College does not make
  exceptions for poor judgment, poor performance, or forgetfulness. It is your responsibility to
  know and adhere to all academic policies.

• Full documentation is required for all requests (e.g. hospitalization records, letter on letterhead
  from medical professional which documents dates and extent of illness, obituary in the case of
  death of an immediate family member, etc.). All supporting documentation submitted with this
  request will be kept confidential. **Submission of false statements and/or documentation will
  result in referral to the Office of Student Conduct and possible dismissal or suspension
  from the University.**

• Failure to submit documentation will result in an AUTOMATIC DENIAL.

• Decisions on exceptions to policy will be sent to your email address within 3-5 business days.

STATEMENT OF JUSTIFICATION

Attach a TYPEWRITTEN Statement of Justification that persuasively explains why your case warrants
administrative exception. In your statement, describe the circumstances leading to your request. Include
any information and DOCUMENTATION that may be pertinent to making a decision, including future
plans.

I have read the information above and on the back, and have provided DOCUMENTATION as needed. By
signing this petition, I affirm that the statement and documentation I have provided are accurate.

Student Signature: __________________________________________ Date: ________________

☐ Check here if this is your final semester and the decision of your petition will affect your graduation.

FOR OFFICE USE ONLY

APPROVED / DENIED / PENDING

Dean’s Office Signature: __________________________ Date: ________________

Updated June 2018

Continued on Reverse
**ACTION REQUESTED:**
Please read carefully and select the appropriate action.

- **Study Abroad within the Final 30 credits**
  You must submit all required documentation for studying abroad to the Education Abroad Office, and must complete this Petition for Exception to Policy form for permission from CMNS (instructions on the front of this form).

- **Repeat Policy: Enroll in a Course for a Third Time**
  Note: University Policy allows 2 attempts. Credit is granted for a course only once.

  Course: _______________  Term you wish to retake the course: _______________

- **Repeat Policy: Exceed the 18 Repeat Credit Limit**
  Note: Credit is granted for a course only once.

  Course: _______________  Term you wish to retake the course: _______________

- **Drop Over 4 Credits**
  Note: Dropping below 12 credits may affect your financial aid, on-campus residency, visa status, or athletics eligibility. Check with the appropriate office(s) before taking this action. In your statement, justify extenuating circumstances that prevented a prior drop to the University deadline and why this specific course should be dropped and not others.

  Course: _______________

- **Late Add**
  Provide documentation of instructor approval, and get permission from the appropriate department first.

  Course: _____________  Section: _____________  Credits: _____________  Grading Method: _____________

- **Late Drop**
  You must circle one:  Drop with a “W”  Drop without a “W”

  Note: Dropping below 12 credits may affect your financial aid, on-campus residency, visa status, or athletics eligibility. Check with the appropriate office(s) before taking this action. In your statement, justify extenuating circumstances that prevented a prior drop to the University deadline and why this specific course should be dropped and not others.

  Course: _______________  Section: _______________  Last date of course attendance: _______________

- **Other:**
  ________________________________________________