

Admissions & Academic Status Committee

ID # _____

Petition for Exception

Campus Box # _____

Name _____

Classification FR / SO / JR / SR

Date _____

(Please circle one)

- _____ 1. Waiver of Senior Residence requirement:
- _____ A. Transfer credit from another institution
 - _____ B. Other

- _____ 2. Permission to take an Overload
- _____ A. More than 4.5 credits
 - _____ B. Other

_____ 3. OTHER:

Please attach to this petition a letter which provides an expanded explanation of your request and a justification for why your request should be granted. This letter should clearly explain the context of your petition. Please include the names and numbers of the specific courses you wish to waive, transfer, or that you intend to take in overload. Attach all appropriate documentation.

Student Signature

Date

INCLUDE YOUR ADVISOR'S STATEMENT CONCERNING YOUR PETITION

_____ Approval recommended by advisor

_____ Approval **not** recommended by advisor

Please attach the letter from your advisor to your petition.

Advisor's Signature

Advisor's Printed Name

Date

To be completed by the Registrar's Office:

CUM GPA _____ Last Session GPA _____ Previous Session GPA _____ CUM CRS _____

Committee Action: Grant _____ Deny _____

Signature of the Chair

Date