



# POLICY EXCEPTION PETITION

SOCIAL SECURITY NUMBER

NAME IN FULL: MR./MS.

LAST

FIRST

MIDDLE /MAIDEN

PRESENT ADDRESS:

NUMBER

STREET

TELEPHONE

CITY

STATE

ZIP CODE

AREA OF SPECIALIZATION:

STATUS OR  
DEGREE

DEPARTMENT:

PROGRAM

**"I hereby petition for the following exception or exceptions from existing policy or procedure:"**

(PROVIDE A STATEMENT INCLUDING SUPPORTING REASONS AND APPROPRIATE DOCUMENTATION FOR THIS REQUEST).

## Request & Justification:

### CHECK ONE

- 1. REDUCTION OR OVERLOAD OF CREDIT
- 2. MASTER'S COMPREHENSIVE EXAM DATE
- 3. EXCEPTION TO RESIDENCY REQUIREMENT\*\*
- 4. EXTENSION OF DEGREE TIME LIMIT\*\*
- 5. SPECIAL "DOCTORAL" SUPPORTING AREA\*\*  
OR COMMITTEE COMPOSITION
- 6. OTHER:

Signature

Date:

NOTE: APPLICANT SHOULD NOT WRITE BELOW THIS LINE.

I.

ADVISOR'S PERMISSION REQUIRED:

DENIED

GRANTED

SIGNATURE

DATE:

\*\*FOR DOCTORAL STUDENTS, PERMISSION FOR ITEMS 3 - 5 MUST ALSO BE SECURED FROM ALL COMMITTEE MEMBERS.

SIGNATURE

DATE:

SIGNATURE

DATE:

SIGNATURE

DATE:

SIGNATURE

DATE:

II.

SIGNATURE

DATE:

\*ALL STUDENTS MUST SECURE DEPARTMENTAL CHAIRS' PERMISSION FOR ITEMS 3 - 6

III.

FINAL ACTION: ASSOCIATE DEAN

DENIED

GRANTED

SIGNATURE

DATE: