

PETITION FOR EXCEPTION TO ACADEMIC POLICY

*** Attach a statement that fully explains reasons for your request. ***

It is the student's responsibility to obtain the appropriate signatures **PRIOR** to returning this form to the Office of the Registrar, Room 205, Administration Building by 5:00 p.m. on the published deadline date. You may submit your form via hand-delivery, post, or fax. If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor. After a decision has been reached, a formal response will be mailed to the address provided on the petition.

Attach a **typed** statement that fully explains, including all pertinent circumstances, reason(s) for exception. Please provide **supporting documentation for all information** included in your petition. Petitions without explanation will not be reviewed. Petitions must present compelling, mitigating reasons for exception to academic policy. Requests for exception will be reviewed by the Undergraduate Academic Status Committee at the next scheduled meeting. A formal response will be mailed to the address provided on the petition.

NAME: _____
(Please Print) (Last) (First) (MI) (Maiden)

CNU STUDENT ID#: _____ MAJOR: _____

ADDRESS: _____
(Street Address)

_____ (City) _____ (State) _____ (Zip Code)

HOME PHONE (Area Code and Number)

CELL PHONE (Area Code and Number)

WORK PHONE (Area Code and Number)

EMAIL ADDRESS

ANTICIPATED GRADUATION DATE: May 20 ____ August 20 ____ December 20 ____

Student's Signature: _____ Date: _____

FACULTY ADVISOR: *(Note: If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor.)*

Printed Name: _____

Signature: _____ Date: _____

Recommendation: Approve Disapprove No Recommendation

Comments: _____

FOR COMMITTEE USE ONLY: Approve Deny Date of Action: _____

Full-time Part-time # Cr. Hrs: _____

Comments _____