



Request for Exception to University Requirement

Name of student: _____ T#: _____ Date: _____
(Last) (First) (MI)

Phone: _____ Email: _____ Major: _____

Course Information: _____
**Indicates required field!* *Subject *Course No. *Section No. *CRN

The University requirement from which you are seeking an exemption (Please cite from the undergraduate or graduate catalog):

Explain in detail why you cannot reasonably meet the requirement and what action you would like the committee to approve (continue on back, if necessary):

Student Signature: _____ Date: _____

Recommendation of Chairperson (of a student's major or department in which exception is being requested)

Approve _____ Deny _____ No recommendation _____ Date _____

Comments _____

Signature _____

Recommendation of Dean, College, or School

Approve _____ Deny _____ No recommendation _____ Date _____

Comments _____

Signature _____

RECORDS OFFICE USE ONLY:

Action taken by Chairperson, General Education Committee (if applicable)

Approve _____ Deny _____ No recommendation _____ Date _____

Comments _____

Signature _____

Action taken by Committee

Votes for _____ Votes against _____ Abstentions _____ Approve _____ Deny _____ Date: _____

Comments _____

Signature _____