

# LINDENWOOD

LINDENWOOD UNIVERSITY ST. CHARLES, MISSOURI

## Office of Academic Services Petition for Policy Exemption

*Use ball point pen only. Press hard.*

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address or Campus Box \_\_\_\_\_

Major \_\_\_\_\_ Advisor \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I am requesting an exemption to the following policy \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My reasons are as follows: (Be specific; attach a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

This exemption is for:

|      |                                 |                                    |
|------|---------------------------------|------------------------------------|
| Year | <input type="checkbox"/> Fall   | <input type="checkbox"/> Semester  |
|      | <input type="checkbox"/> Winter | <input type="checkbox"/> Quarter   |
|      | <input type="checkbox"/> Spring | <input type="checkbox"/> Trimester |
|      | <input type="checkbox"/> Summer |                                    |

Recommendation of Advisor:

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Reasons for disapproval if any:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

Other required approval:

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Reasons for disapproval if any:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Recommendation of Dean:

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Reasons for disapproval if any:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Dean's Signature \_\_\_\_\_