

LINDENWOOD

Office of Academic Services Petition for Policy Exemption

Use ball point pen only. Press hard.

Name _____ Student ID# _____

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: _____ 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"/> Other
<input type="checkbox"/> Summer	<input type="checkbox"/> MBA Term I
<input type="checkbox"/> J-term	<input type="checkbox"/> MBA Term II

Recommendations of Advisor:

Approve _____ Disapprove _____ Reasons for disapproval (if any): _____

Date: _____ Advisor Signature: _____

Recommendation of Dean:

Approve _____ Disapprove _____ Reasons for disapproval (if any): _____

Date: _____ Signature: _____

Recommendation of Associate Provost/Provost:

Approve _____ Disapprove _____ Reasons for disapproval (if any): _____

Date: _____ Signature: _____

Policy exemption forms have an expiration date of five working days after the Dean or Provost signs the exemption.