

# LINDENWOOD

REAL EXPERIENCE. REAL SUCCESS.

## Office of Academic Services Petition for Policy Exemption

This exemption is for:

<b>Year</b> _____	<input type="checkbox"/> Semester
<input type="checkbox"/> Fall	<input type="checkbox"/> Quarter
<input type="checkbox"/> Winter	<input type="checkbox"/> Trimester
<input type="checkbox"/> Spring	<input type="checkbox"/> MBA Term I
<input type="checkbox"/> Summer	<input type="checkbox"/> MBA Term II

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

Recommendation 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 Registrar / 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.