

LINDENWOOD

REAL EXPERIENCE. REAL SUCCESS.

Office of Academic Services Petition for Policy Exemption

This exemption is for:

Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Semester <input type="checkbox"/> Other _____
--	---

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: _____ Signature: _____

Recommendation of College Dean:

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

Date: _____ Signature: _____

Recommendation of Registrar/Assistant Provost:

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

Date: _____ Signature: _____

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