Academic Policy Exception Request

Student Name (Last, First)		Student ID Number	Date

VU Box No.	Phone Number	Vanguard Email Address	Major

Freshman   **Sophomore**   **Junior**   **Senior**   **Graduate Student**

For Substitution, please complete the following:

Vanguard Requirement	Substitute with	Taken from (University)	Year/Term

For Waiver of Requirement, please complete the following:

Vanguard course to be waived	Explanation

To Petition for exception to academic policy or file

Course Issue   **Add/Drop**   **Catalog Issue**   **Transfer**   **Core Requirement**   **Grade**

Include the following:

Department and Course Number	Instructor	Semester/Year
Briefly state your request below. Please attached supporting documentation, including record to verify statements made in your request if applicable.		

Recommend to	**Approve**	**Deny**	Dpt. Chair/Prg. Director	
Recommend to	**Approve**	**Deny**	CORE Chair	
Decision to	**Approve**	**Deny**	Associate Dean/Dean	

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Conditions/Comments

For office use only	Comments & Remarks		Date received:	Date entered: