



PETITION OF EXCEPTIONS TO PROGRAM CURRICULUM REQUIREMENTS

Please fill in the information below and return this form to the Records and Registration Office.

Name: _____ **Student ID:** _____

Phone: _____ **Email:** _____

Address: _____

Program/Major: _____ **Graduation Date:** _____

Semester appeal / petition involves:	Fall	Summer	Spring	N/A
Summarize the outcome you would like to see from this petition:				
Describe current program requirements and the change you are requesting:				
Provide rationale for the request being made. Include supporting information and/or documents as appropriate (i.e. course syllabus, course outcomes...etc.)				

I hereby authorize the Registrar's Office to release the above information to the program Dean, the Chair of the appropriate Curriculum Committee, and any others determined as needing to know.

Student and Advisor signature required prior to submitting petition.

Student Signature / Date

Advisor Signature / Date

FOR BRYAN COLLEGE OF HEALTH SCIENCES USE ONLY

Committee Considering this petition: _____

Date request reviewed: _____

Decision: _____

Committee Chair Signature

Date

ATTACH A COPY OF THE LETTER FROM THE COMMITTEE TO THE STUDENT INFORMING THEM OF THE DECISION BEFORE SUBMITTING THIS FORM TO THE REGISTRAR.

Registrar Signature

Date

Copies of form and letter to:

____ Academic Advisor

____ Program Dean

____ Committee Chair

<p><i>Records and Registration Use Only</i></p> <p>Date Received _____</p> <p>Date Processed _____</p>
