

ARCADIA UNIVERSITY
Office of Graduate and Professional Studies
450 South Easton Road
Glenside, PA 19038

REQUEST FOR EXCEPTION TO POLICY

1. Write a clear statement describing the exception to policy that you wish to have approved.
 2. Describe your reasons for requesting permission for the exception.
 3. Complete the below form and obtain the required signatures.
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TO: Associate Dean of Graduate and Professional Studies

From: _____ SS# _____

Phone# _____ email: _____

Degree/Certification Program: _____

Adviser: _____ Date: _____

Signature of Adviser is required on this form prior to submission:

Student: _____ Date: _____

Signature

Attachments:

4. Letter outlining the rationale for the request.
5. Any documents which supports the request.

This form and all supporting documents should be sent to:

ARCADIA UNIVERSITY
Associate Dean of Graduate and Professional Studies
Taylor Hall, Room 102