ARCADIA UNIVERSITY
PETITION FOR EXCEPTION TO ACADEMIC POLICY
OTHER THAN WITHDRAWAL FROM COURSE

TO: Dean of Undergraduate Studies Date:_____

FROM:_____
First Name Initial Last Name Student ID

_____
Home Address OR Residence Hall Room No.

Please state request(s):_____

_____

_____

State in full the reason(s) for the request you are making, and plans for implementation, if appropriate.

Student Signature_____

Advisor Recommendation:
I support/do not support this petition (use back for explanation)

_____
Signature Date

Major Department Chairperson Recommendation
I support/do not support this petition (use back for explanation):

_____
Signature Date

APPROVED IF SIGNED:

_____
Dean of Undergraduate Studies Date

Submit completed form to Office of Associate Dean, Taylor 105