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.

TO: Associate Dean, Graduate Studies

From: ________________________________________ Student ID#_______________

Phone#_______________________________________ email:______________________

Graduate 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 Studies
Taylor Hall, Room 105