

**PROCEDURE**

1. Provide a typed statement with all relevant details of your request. It is incumbent upon the student to provide all relevant evidence and supporting documentation with the petition.
2. Present the petition to your Graduate Program Chair/Director for recommendation and all required signatures.
3. Submit the completed petition to the Office of the University Registrar, 120 Bhathal Student Services Center.
4. You will be informed of the Graduate Academic Council's decisions as soon as possible.

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Graduate Program \_\_\_\_\_

Official Chapman E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Petition for exception to policy regarding the following:**

Course number \_\_\_\_\_ Semester/Term \_\_\_\_\_ Credits \_\_\_\_\_

Chapman University is sensitive to the educational advantages of a flexible curriculum but is also conscious of a responsibility to ensure equity for all students. Permission to deviate from published regulations is neither automatic nor done as a formality, each request is considered on its own merits and in light of the petitioner's complete academic record. Internal guidelines have been established to help committee members with their deliberation on individual cases. The petition will be reviewed for academic purposes only. Decisions rendered may affect your financial obligation to the University.

**Action requested (check all that apply):**

- Course add after deadline                       Course requirement substitution
- Course requirement waiver                       Course drop/withdrawal after deadline                       Other
- Leave of Absence (start date \_\_\_\_\_, return date \_\_\_\_\_)
- Concurrent Enrollment (Term \_\_\_\_\_)
- Extension of 7-year limit on credit (list all courses \_\_\_\_\_)

**Required:** Student's reason for request: Please attach a detailed, typed explanation supporting your request.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required:** Recommendation of the Graduate Program Chair or Director:                       Support                       Oppose  
Please provide a detailed, typed explanation supporting your recommendation.

Graduate Program Chair or Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required:** Recommendation of the Associate Dean:                       Support                       Oppose

Associate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by VP of Graduate Education: \_\_\_\_\_  Support                       OpposeAction:                       Approved                       Denied                      Date Reviewed: \_\_\_\_\_Reviewed by:                       Graduate Academic Council                       College / School Petition Sub