

SOUTHWESTERN ADVENTIST UNIVERSITY
REQUEST FOR AN EXCEPTION TO ACADEMIC POLICY

Student Information

Name: _____ ID # _____
Major: _____ Class Standing: FR SO JR SR GR
Contact e-mail _____ Anticipated Graduation Date _____

Petition for Exception to Academic Policy

Please describe clearly the academic policy and the exception that you are requesting.

_____ Date _____
Signature of the Student

I support _____ do not support _____ this request.

_____ Date _____
Signature of the Academic Advisor

Action taken by the Academic Standards and Practices Committee

Approved _____ Denied _____ Committee Meeting Date _____

Comments

_____ Date _____
Signature of the Registrar
