

OFFICE OF RECORDS AND REGISTRATION
ST. CLOUD STATE UNIVERSITY, AS 118
720 4th AVENUE SOUTH
ST. CLOUD MINNESOTA 56301-4498
PHONE: (320)308-2111 FAX: (320)308-2059

This form is to be used by students to request variations from stated academic policies and procedures unrelated to specific class registration (for class registration policy variances, use **Registration Petition** form). Complete this form, include supporting documentation if necessary. Return this form to the Office of Records and Registration, AS 118.

ACADEMIC POLICY EXCEPTION REQUEST

Date: _____
Month Day Year

SCSU I.D. _____ Major(s): _____

Undergraduate Student

Masters/Doctoral Student

First Name Middle Name Last Name Former (if applicable)

Current Mailing Address: Street City State Zip

(_____) _____ Email: _____
Area Code Phone Number

NOTE: There may be consequences of granting this request related to degree completion or financial aid.

Specific request: Liberal Education Diversity requirement Other

Reason (Include Documentation to support your request): *Please type or print clearly*

Student Signature _____ Date: _____

Advisor Recommendation: Support Oppose

Advisor / Dept. Chair _____
(Circle one) Signature Printed Name

OFFICE USE ONLY: FINAL ACTION: This request is: GRANTED DENIED

COMMENTS:

Signature _____ Date _____

Print Name _____ Title _____