



EXCEPTION TO POLICY PETITION

This form will not be accepted if any portion is left blank. It is your responsibility to communicate with the faculty members to answer the questions in the 'Faculty Section'. When you have completed the form, return it to the Registrar's Office, HCC 1st floor, with any documents to support your appeal.

STUDENT SECTION

Name: _____ DSU ID #: _____
Last First Middle Initial

Date: ____/____/____ Phone: _____ Email Address: _____

Mailing Address: _____
Street City State Zip

Purpose: Add Class(es): Drop Class(es): Add Extra Credit: Audit Class(es): Complete Withdrawal (must include withdrawal form):

Course Information: Fall: Spring: Summer: Year: _____

Course Identification (i.e. ENGL 1010-05):	Course Title (i.e. Intro to Writing)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FACULTY SECTION

Student: This section is required and must be completed prior to submitting petition.

Faculty: We thank you for supplying the committee with this information so we can make a fair and equitable decision in the student's behalf. Your cooperation is greatly appreciated.

Class CRN	Date Last Attended (APPROX.)	Grade Earned By This Date (APPROX.)	Did Student Attend Regularly?	Faculty Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REQUIRED

