



Exception to Policy Form

STUDENT INFORMATION

Full Name: _____ CU Email: _____

Student ID: _____ Phone #: _____

EXCEPTION REQUESTED: For which policy are you requesting an exception? (Please include justification):

Attach supporting documents, if necessary.

COURSE INFORMATION (If Applicable)

Campbell Campus Location: _____

Campbell Course(s) (*Number & Title*): _____

By signing and submitting this form:

- *I understand this change may affect my financial aid, TA, VA, tuition charges, full-time status, and/or impact a variety of other factors.*
- *I understand that it is my responsibility to contact the appropriate offices that may be affected by this request. [Financial Aid, Business Office, TA Counselor, VA Counselor, etc.]*
- *I understand that this request is not automatic and/or guaranteed and will be processed in the order forms were received.*
- *I understand that with this change I am held to the policies and requirements of the applicable Academic Catalog.*

Student Signature: _____

Date: _____

Please complete and forward this form to your Adviser/Academic Counselor.

Adviser/Counselor Use Only:

Institutional Hours: _____ Total Hours: _____ GPA: _____

Adviser/Counselor Signature: _____ Date: _____

Office Use Only:

Director Signature: _____ Date: _____

Dean Signature: _____ Date: _____