This is an interactive form. Please enable the "CAP LOCK" to complete the fields below. Place the mouse pointer over the appropriate box and click to select.

Office of Academic Evaluations & Advisement · 9501 South King Drive · Cook Administration Building 128 · Chicago, Illinois 60628-1598 · (773) 995-2520

Please use the "TAB" key to move between fields. Do not use the "ENTER" key. When done, you may click on the "PRINT" button to create a paper copy.

PETITION FOR EXCEPTION TO UNIVERSITY POLICY

☐ Mr. ☐ Mrs. ☐ Ms. CLEAR FORM SS#/ID# _____/_____/_____

Name _____
Last First MI

Address _____

City, State, Zip _____

Phone 1 (_____) _____-_____ **Phone 2** (_____) _____-_____

First term enrolled at CSU: ☐ Spring ☐ Summer ☐ Fall **Year** _____

Last term enrolled at CSU: ☐ Spring ☐ Summer ☐ Fall **Year** _____

Are you applying for graduation at the end of this term: ☐ Yes ☐ No **Major** _____

In the space provided below, write a clear and complete statement explaining your request and why it should be granted. Include any pertinent facts or documents that support your request (e.g. course syllabi, catalog descriptions, program descriptions). Any documents submitted will become a part of your permanent academic record and will not be returned. Failure to present relevant information will result in delay.

Please read before signing

I understand the standards that are stated in the University catalog which was in effect when I was admitted/readmitted into Chicago State University. I believe that the request stated above is reasonable, within the limits of these standards. I further understand that a decision will be mailed to me within 2 weeks, depending on the volume of petitions received and major University events, i.e., registration, graduation audit, grade processing.

PRINT

Student Signature _____ **Date** _____

Faculty Approval _____ **Date** _____

Dean/Chair Signature _____ **Date** _____

For Office Use Only

☐ **Approved** ☐ **Denied** ☐ **Deferred** ☐ **Referred (See below)**

Comments: _____

_____

Final Signature _____ **Date** _____

After completing this form, make duplicates copies for student and department records.