

Graduate School Request for Exception Form



Procedures for requesting an exception to a Graduate School rule:

1. Complete Section I of this request form.
2. Submit this form to your program for their review and recommendation.
3. Return the **completed form**, (with any attachments) to Graduate Student Services in Mitchell 261, or mail to Graduate Student Services, PO Box 340, Milwaukee, WI 53201-0340, (414) 229-6569.
4. The Graduate School makes the final decision on your request. We will return a copy of this form with a decision (Part III) in approximately **four** weeks.

I. To be completed by the Student

Name _____
Last First Middle Initial

Email Address _____ Student Number _____

Mailing Address _____ City, State, Zip _____

Program _____ Advisor _____

Exception you are requesting: _____ Semester/Year: _____

Current Status: Master's PhD Dissertator Non-Degree Certificate Off-Campus Graduate

Justification for Exception: You must supply evidence of extenuating circumstances to support your request for an exception. *Attach additional sheets and supporting documentation (letters, medical documentation, etc) as needed.*

Student Signature _____ Date _____ Daytime Phone _____

II. To be completed by Program Program Response/Recommendation:

- Approved
 Modified
 Not approved

Each request for an exception must include a written response by the program representative and faculty/staff committee, instructor, or advisor as appropriate, responding to each issue raised by the student and stating the rationale for the program's recommendation.

Supporting Signature (Advisor, instructor as appropriate) _____ Date _____

Graduate Program Representative Signature (**Required**) _____ Date _____

III. To be completed by Graduate Student Services Graduate School Decision

- Approved
 Modified
 Not Approved
 No Action – Resubmit request based on remarks.
This is NOT an approved request.

Remarks:

Graduate School Signature _____ Date _____

2/03 White Copy – Graduate School Yellow Copy – Student Pink Copy – Program Transcript Entry Forms Processed _____ Initial/Date