



**Office of the
University Registrar**
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____

Required

**PETITION FOR EXCEPTION TO POLICY
UNDERGRADUATE STUDENTS**

Instructions: Please complete all information and obtain ALL appropriate signatures. Once complete, return to the **Registrar's Office, 25 University Avenue.**

Student Name: _____ Date: ____/____/____

Local Phone: _____ Major: _____

Student's signature/Date (required): _____

Petition for a 4th attempt (3rd repeat) of a course or a 6th undergraduate career repeat:

- Complete Petition for Exception to Policy Form including a separate letter stating why an exception should be made. In letter detailing the exception, include the term, course, and section that you want to repeat.
- Signature of your advisor/department chair.
- Signature of the Dean (or designee) of your college.
- Specify on form the term and course (including section), to be enrolled if a repeat exception is granted.

Petition to add a class after deadline:

- Complete Petition for Exception to Policy Form including a separate letter stating why an exception should be made. In letter detailing the exception, include the term, course, and section that you want to add.
- Signature of department chair offering the course
- Signature of the Dean (or designee) of the college offering the course.

Petition to drop/withdraw from a class after deadline:

- Complete Petition for Exception to Policy Form including a separate letter stating why an exception should be made. In letter detailing the exception, include the term, course, and section that you want to drop/withdraw.
- Signature of your department chair.
- Signature of the Dean (or designee) of your college.

Petition for other enrollment actions after deadline:

- Complete Petition for Exception to Policy Form including a separate letter stating why an exception should be made. Include any relevant course information including term, course, and section.
- Signature of your department chair.
- Signature of the Dean (or designee) of your college.

Policy being Petitioned: *Below, clearly state policy to which an exception is desired. Be specific about what you are requesting.*

Please attach a letter specifically detailing why an exception to this policy should be made.

Student's Dept. Chairperson/Academic Advisor: Recommendation: _____ Approval _____ Denial

Signature _____ PRINT Last Name: _____ Date: ____/____/____

Dept. Chairperson of the department offering course: Recommendation: _____ Approval _____ Denial

Signature _____ PRINT Last Name: _____ Date: ____/____/____

Dean (or designee): Recommendation: _____ Approval _____ Denial

Signature _____ PRINT Last Name: _____ Date: ____/____/____

University Registrar (25 University Avenue): Recommendation: _____ Approval _____ Denial

Signature _____ Date: ____/____/____

Office Use Only

Processed by: _____

Date: _____