



Office of Graduate Studies and Sponsored Research  
West Chester University  
West Chester, PA 19383

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**PETITION FOR EXCEPTION TO GRADUATE  
POLICY/REGULATIONS**  
(GRADUATE STUDENTS ONLY)

Name \_\_\_\_\_ Student ID. Only \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address \_\_\_\_\_ Local Phone \_\_\_\_\_ Graduate Program \_\_\_\_\_

Signature \_\_\_\_\_

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**PETITION:** State policy/regulation to which exception is requested.

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**REASON FOR PETITION:** All supporting documentation must be attached to this petition.

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**STUDENT'S GRADUATE COORDINATOR:** Recommendation: \_\_\_ approved \_\_\_ denied  
Comments: (Explain your ruling indicating any conditions to be imposed). Use attachments if necessary:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STUDENT'S GRADUATE PROGRAM DEPARTMENT CHAIRPERSON or PROGRAM DIRECTOR**  
(*multidisciplinary program*):

Recommendation: \_\_\_ approved \_\_\_ denial  
Comments: (Explain your ruling indicating any conditions to be imposed). Use attachment if necessary:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**GRADUATE DEAN (or Designee):** Final Action Taken: \_\_\_ approved \_\_\_ denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

