

Office of Graduate Studies & Extended Education
McKelvie Hall, 102 Rosedale Avenue
West Chester, PA 19383
610-436-2943

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

Name _____ WCU ID # _____ Date _____
Local Address _____
City _____ State _____ Zip _____
e-mail address _____ Local Phone _____
Graduate Program _____
Signature _____

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

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

STUDENT'S GRADUATE COORDINATOR: Recommendation: ____ approved
____ denied

Comments: (Explain your ruling indicating any conditions to be imposed). Use attachments if necessary:

Signature: _____ Date: _____

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: _____

GRADUATE DEAN (or Designee): Final Action Taken: ____ approved ____ denial

Signature: _____ Date: _____