



## ACADEMIC EXCEPTION PETITION FORM

PETITION # \_\_\_\_\_

(Office use only.)

First received by Office of the Registrar (date & by):	_____
Accepted or returned to student by:	_____
First AEC reading (date) :	_____
AEC recommendation reached (date) :	_____
First AAC reading (date) :	_____
AAC recommendation reached (date) :	_____
Student notified (date) :	_____
Additional:	_____

### ***Procedures for Filing an Academic Exception Petition***

1. The Academic Exceptions Committee (AEC) meets every two weeks during the semester. Requests are considered in the order in which they are submitted.
2. It usually takes at least four weeks for a petition to be reviewed by the Academic Exceptions Committee and then by the Academic Affairs Council (AAC). Students bear the responsibility to file petitions in a timely manner. Applications relating to the current semester must be filed 28 calendar days prior to the last day of that semester. Applications relating to graduation must be filed 28 calendar days prior to the end of the semester in which the student wishes to graduate.
3. Petition Forms are available from the Registrar's Office and completed forms should be turned into that office.
4. The Committee may return a petition to the student for insufficient information or for clarification; therefore, a student is encouraged to submit a complete petition and to discuss their application with their advisor.
5. After the AEC has completed its review and formed a recommendation, the student's petition and the AEC's recommendation are forwarded to the AAC. The AAC either accepts, rejects or modifies the AEC recommendation. Following this, the student and the Academic Advisor will be notified of the outcome in writing, by the Registrar's office.
6. The written determination of an academic exception petition by the Academic Affairs Council is binding. Formal appeals to the President of the University must be made within fifteen (15) calendar days of the decision from the Academic Affairs Council. Such appeals will largely be reviewed for procedural error. The President will only overrule the prior decision if, in the President's discretion, the prior decision is clearly erroneous.

***I, the undersigned, have read the above instructions.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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Please complete all sections of this form. Additional supportive evidence should be attached. Each form is for a single exception. If you are requesting more than one exception, a separate form must be used for each one. Make sure you have consulted with and obtained the signatures of your advisor and any necessary faculty and staff. Incomplete forms will be returned to the students.

You must be familiar with all SVU policies relating to your petition. Please review the SVU Catalog, which is available on the university website, and provide copies of those policies.

ID #: \_\_\_\_\_

Full Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Semester: \_\_\_\_\_ Class: \_\_\_\_\_  
(Fall or Spring) (Freshman, Sophomore, Junior, Senior)

**Please provide the following information in a typed document.**

1. What is the policy requirement you are requesting to modify? Attach a highlighted copy from the SVU catalog from which you are requesting an exception.
2. What do you propose as an alternative to the requirement?
3. What rationale and justification can you make for your proposal? Objectively outline your rationale and supporting data. (This may be attached as a separate document.)
4. Provide written support/clarification from your advisor.
5. Provide written response –for or against - from relevant faculty or staff familiar with your proposal. This may be sent as email to the registrar’s office.
6. Provide a current transcript and graduation audit. If you have transfer credits that factor in this decision, make sure they are on your transcript.

**CHECK LIST (An application is not complete until all six items are completed.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_  
Faculty/Staff Signature: \_\_\_\_\_

***The information I have given is, to my best intention, complete and truthful.***

\_\_\_\_\_  
Student Signature Date

Committee Action: Approved _____ Denied _____ Date: _____
Rationale: _____
Date Student was Notified by the Registrar’s Office: _____ By Whom: _____