

**GRADUATE EXCEPTION to ACADEMIC REQUIREMENTS and/or
POLICIES LISTED in the AVILA UNIVERSITY CATALOG**

Student Name

Avila ID # or SSN

Advising Requirements Catalog Year: _____

Major: _____

Applied to graduate? No Yes, _____ (Month & Year)

Requested Exception:

Student took _____ (course dept and number) during _____ term _____ year with grade of _____

at Avila Transfer Institution _____

Request counting this course to meet the following requirement: _____

Student plans to enroll in **OR**

is currently enrolled in _____ (course dept and number) in _____ term _____ year

at Avila Transfer Institution _____

Request counting this course to meet the following requirement: _____

Waiver of requirement (List) _____

NOTE: Waiver of requirements does not change minimum hour requirements for degrees.

Other (specify) _____

Reason for Exception: _____

Student Signature

Date

Program Director Signature

Date

Recommend Not Recommended No Comment

Recommend Not Recommended

Comments:

School/College Dean Signature

Date

Approved Not Approved

Comments:

Academic Affairs Signature

Date