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