

## Student Request For Academic Exception

### EXPLANATION FOR FORM:

This is a multipurpose form. The purpose of the form is to request an exception to an academic policy. Students submitting this form are expected to provide as much detail as possible. It may become necessary to submit additional documentation. If you have questions about this form, please see the Office of the Registrar.

This form should be submitted if student is seeking:

- **Course Credit Exemption:** Request to place out of course based on previous coursework completed. Official transcripts are required and must be submitted prior to the first day of class.
- **Course Credit Overload:** Request to register for credit hours over the maximum allowed per term. Student must be in good academic standing.
- **Make-Up Exam Request:** Request for an alternative time to complete mid-term exam(s) or final exam(s). Student must provide a written compelling statement proving exigent circumstances. The request for an alternative time must be submitted at least one month prior to the start of mid-term or final exams.
- **Minimum Credit Waiver:** Request to register for less than minimum credit hours allowed per term. Full-time students must change their enrollment status, if request is for consecutive terms.

**Please Note:** This form also may be used to request an exception to another academic policy. However, please keep in mind that the availability of any exception to an academic policy depends on the provisions of that policy. Thus, be sure to consult the applicable policy and provide specific detail about the basis for the request for an exception. Supporting documentation will be required. Please consult with the Office of Student Affairs or the Office of the Registrar to clarify the eligibility of your circumstances.

### DIRECTIONS FOR STUDENT:

- Complete the student (top) portion of the of the form following this instruction page.
- Submit the form to the Registrar's office for initial review and referral.
- Deliver form to the division in which student seeks an academic exception.
- Division staff member will submit the completed form on student's behalf.
- Student will be notified by the appropriate division via his or her College of Law email.
- Student may request to receive a copy of the completed form for his or her record.
- Any appeal of an adverse decision, if available under the policy, must be submitted in writing within the required timeline. Any student appeal must be sent via the student's College of Law email or submitted in person.

**Please Note:** If a student is notified to submit documentation, the student will have 3 business days from the date the notification was sent to submit it. Documents must be sent via student's College of Law email or submitted in person.

## Student Request For Academic Exception

Please PRINT

Student Name (Last Name, First Name)		Student ID _____	
UNT COL Student Email Address (Please write out full email address)		Classification <input type="checkbox"/> 1L <input type="checkbox"/> 2L <input type="checkbox"/> 3L <input type="checkbox"/> 4L	
Contact Phone Number		Term <input type="checkbox"/> FA <input type="checkbox"/> SP <input type="checkbox"/> SU	Year
Enrollment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Number of Credits Student is Enrolled in for the Semester		

Please check all that apply and fill out course information below, if applicable.

- Course Exemption                       Minimum Credit Waiver  
 Course Credit Overload                 Other  
 Make-Up Exam

COURSE #	SECTION	COURSE TITLE	DAY	TIME	SCH	INSTRUCTOR

**Please Note:** Course Credit Overload and Make-Up Exam requests must be approved by Associate Dean of Academic Affairs.

Reason For Request:

Student Signature	Date /   /
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## Student Request For Academic Exception

**STOP! The Section below is to be completed by the staff who is referring student:**

Division Referred To	
<input type="checkbox"/> Academic Affairs	<input type="checkbox"/> Registrar <input type="checkbox"/> Student Affairs <input type="checkbox"/> Other (Please List)
Referred By	Phone Number

**STOP! The Section below is to be completed by staff of the department the student was referred to:**

Resolution:

Approved to: \_\_\_\_\_

Denied due to: \_\_\_\_\_

Additional Comments:

**Please check division student must return to in order to complete request.**

- Academic Affairs       Student Affairs  
 Registrar       Other \_\_\_\_\_

COL Staff Signature	Date
	/   /
Title of Person Completing Form	

**For Registrar Office Use Only:**

Processor's Initials	Date Processed	Hold on Account	Department
	/   /	<input type="checkbox"/> YES <input type="checkbox"/> NO	