

Date Received Stamp

**REQUEST FOR EXTENSION OR EXCEPTION
TO ACADEMIC POLICY**

This form is used for students who seek an extension or exception to a stated academic policy, procedure, regulation or nursing course deadline in cases where compelling and extenuating circumstances are evident and can be substantiated. All sections of the form must be completed for consideration.

Student Name: _____ Date: _____

Policy in Question: _____

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1. Attach a typed personal statement that addresses the following:
 - Policy in question
 - Description of extenuating circumstance/s
 - Problem solving attempted and/or College resources used
 2. Attach other relevant documents (if applicable)
 3. Sign below

*I authorize the staff reviewer to examine my academic record and/or contact any party from whom information is needed to make an informed decision as necessary.

Student Signature

Academic Advisor Signature

For Office Use Only

Reviewer Recommendation (check one): Approve Request Deny Request

Reviewer Name: _____ Reviewer Signature: _____

Notification Method: Email Meeting Phone Notification Date: _____

Action Plan/Follow-Up: _____
