



PETITION FOR EXCEPTION TO 6 G65 57589A7 POLICY

It is the student's responsibility to obtain the appropriate signatures PRIOR to returning this form to the Office of the Dean, BTC 4th floor. If your faculty advisor is not available, advisors within the BSBA program may sign for the faculty advisor.

Attach a typed statement that fully explains, including all pertinent circumstances, the reason(s) for granting an exception. Please provide supporting documentation for all information included in your petition. Petitions without explanation will not be reviewed.

Incomplete petitions will not be reviewed. Petitions received in the Office of the Dean after the published deadline will not eligible for consideration for the upcoming academic semester. Student's initial

NAME: (Please Print) (Last) (First) (MI) (Maiden)

CNU STUDENT ID#: MAJOR:

ADDRESS: (Street Address)

(City) (State) (Zip Code)

HOME PHONE *Ct gc 'Eqf g'c'pf 'Pwo dgt +''

CELL PHONE *Ct gc 'Eqf g'c'pf 'Pwo dgt +''

WORK PHONE *Ct gc 'Eqf g'c'pf 'Pwo dgt +''

EMAIL ADDRESS

ANTICIPATED GRADUATION DATE: [] May 20 [] August 20 [] December 20

Student's Signature: Date:

FACULTY ADVISOR: *P qvg < Rd { qwt 'c uuki p'gf 'l'c'ewn { 'c'f'xkuqt 'ku'p'qv'c'x'k'c' d'rg. ' { qw'o c { 'o' ggv'y kj 'c'p'c'f'xkuqt 'kp'y'g' 'Cecf go ke 'Cf'xk'k'pi 'E'g'p'vgt 0'' Printed Name: Signature: Date: Recommendation: [] Approve [] Disapprove Comments:

FOR COMMITTEE USE ONLY: [] Approve [] Deny Date of Action: # Cr. Hrs: Full-time Part-time Comments

