



Student Request for EXCEPTION TO ACADEMIC POLICY

Registrar's Office ✧ Keuka College ✧ Keuka Park, NY 14478
Phone: 315-279-5204 ✧ Fax: 315-279-5294

Student's Name:	Class Year:	D-Box #
<p>To what current Academic Policy are you requesting an exception:</p> <p>Clearly articulate the rationale for your request. Additional documentation may be attached.</p> <p style="text-align: right; margin-top: 20px;"> _____ Student Signature Date </p>		
<p>Advisor's Position:</p> <p><input type="checkbox"/> I approve <input type="checkbox"/> I do not approve</p> <p style="text-align: right; margin-top: 10px;"> _____ Advisor's Signature (required) Date </p> <p><i>Advisor's Rationale: (Faculty are urged to consult the faculty handbook for procedures and guidelines. Please provide additional information regarding the student's request)</i></p>		
<p>Other Applicable Role/Position:</p> <p><input type="checkbox"/> I approve <input type="checkbox"/> I do not approve</p> <p style="text-align: right; margin-top: 10px;"> _____ Other Applicable Signature Date </p> <p>Relevant Role: _____</p> <p>Rationale: <i>(Please provide additional information regarding the student's request)</i></p>		
<p>DECISION:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p style="text-align: right; margin-top: 10px;"> _____ Associate Vice President for Academic Affairs (required) Date: </p> <p>Reason(s) for Denial:</p>		

Students may appeal a denial to the Instruction Committee through the committee chair.

Distribution: Student, Advisor, Registrar's Office, Chair, Instruction Committee, Associate Vice President for Academic Affairs
(Distributed after the decision is made.)