ACADEMIC REGULATION EXCEPTION REQUEST

Please complete this form entirely. The Associate Academic Dean will review your request and you will be notified of the decision via email.

Your cell telephone number will assist us in communicating with you if we need any additional information:

____________________________
Cell Number

Regulation exception requested:

☐ Overload: Course #__________  ☐ Late Add: Course #__________  ☐ Late Drop: Course#__________

☐ Late Withdrawal: Course #__________  ☐ Late P-NP: Course #__________  ☐ Other: Course #__________

*Provide the following if you are requesting a late add, late drop, or late withdrawal:

Last date of attendance: _____________ and/or date you began attending new class: _____________

REASON (Please indicate the reason for your overload or the reason your request is late)


Office use Only:

Decision Date______________

☐ Approved  ☐ Denied  ☐ Info only  ☐ DB  E-mail sent to Profs: Date___________  Who__________  7/14