

PETITION TO UNDERGRADUATE EXCEPTIONS COMMITTEE

Petition Due Date: _____		INSTRUCTIONS ON OTHER SIDE		Student ID #	
Name:		Telephone #		Advisor	
Address		City		State	Zip
Major					
Are you a student athlete? Please choose		YES	NO	Do you receive Financial Aid? If yes, please complete the attached Financial Aid form.	
Student Signature		Date:		E-mail:	

REQUEST

REASONS (Attach additional sheets as necessary.)



PETITION SUPPORT

Students may receive support by obtaining signatures below OR by having a support email sent to Ben Trout at trout@kutztown.edu

Petition support is REQUIRED on all petitions.

Chairperson Support: Yes No Name (Please Print): _____ Signature & Date: _____	Faculty Support: Yes No Name (Please Print): _____ Signature & Date: _____
Advisor Support: Yes No Name (Please Print): _____ Signature & Date: _____	Faculty Support: Yes No Name (Please Print): _____ Signature & Date: _____

INSTRUCTIONS FOR PETITION TO THE
UNDERGRADUATE EXCEPTIONS COMMITTEE
(PETITION ON REVERSE SIDE)

Provide all information requested following the instructions below. **THE PETITION MUST BE COMPLETE, CLEARLY STATED AND LEGIBLE OR IT WILL BE RETURNED TO THE PETITIONER.** *The petitioner is responsible for obtaining all recommended statements and signatures.*

1. **Complete the following sections:** Name, Address, Telephone Number, Email Address, Student ID Number, Advisor, and Major. Correspondence will be sent to the address provided on the petition.
2. Clearly state the request. Reference to a course **MUST** include the course prefix, number, section, 4 digit class number, and complete title.
3. On a separate sheet of paper that is 1-2 pages typed, state the reason(s) for the petition. Please explain why you wish to receive this exception, what was going on at the time that caused the need for the exception, and what you have done in the meantime or are doing at this point that requires the exception. All relevant information including any medical or other backup documentation should be provided. All information provided is considered confidential.
4. The Committee **REQUIRES** that you seek **WRITTEN SUPPORT** from the **DEPARTMENT CHAIR OF YOUR MAJOR**, and **YOUR ADVISOR ON ALL PETITIONS**. For requests concerning **ATTENDANCE** it is **REQUIRED** that you seek **WRITTEN SUPPORT FROM INSTRUCTOR(S)** involved. Support can be written on the petition or sent via email to trout@kutztown.edu. Support can be given by an advisor, professor, chair, dean, coach, health worker--anyone who is willing to vouch for you.
5. Committee decisions may negatively impact financial aid packages. It is the student's responsibility to contact the Financial Aid Office. If you receive(d) FINANCIAL AID, you **MUST** have the Financial Aid Consultation Form completed by a Financial Aid Consultant. **Petitions will not be accepted without a completed form.**
6. Submit the completed petition to the Registrar's Office, 115 Stratton Administration Building, Kutztown University, Kutztown, PA 19530. Completed petitions may also be faxed to 610-683-1586. Petitions must be submitted by the due date listed on the petition to be heard in the upcoming meeting.
7. **The petitioner will be notified in writing of committee action.**

**Financial Aid Consultation Form to Accompany
Undergraduate Exceptions Committee Petition**

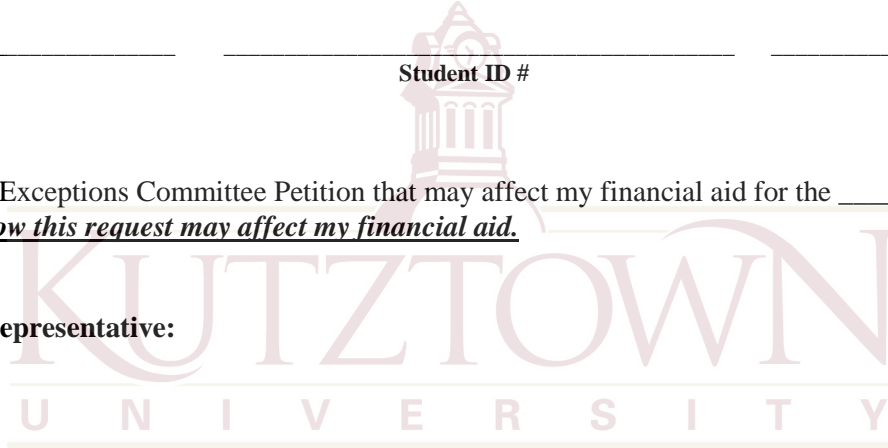
Name

Student ID #

Daytime Telephone Number

I am submitting an Undergraduate Exceptions Committee Petition that may affect my financial aid for the _____ semester.
I was informed and understand how this request may affect my financial aid.

Comments from Financial Aid Representative:



Financial Aid Representative's Signature

Date

Student's Signature

Date