Elizabethtown College
Academic Standing Committee
Petition for an Exception to College Policy or Requirement(s)

STUDENTS, please carefully read the following instructions:

1. This form is used if you desire consideration for an exception to a college policy or requirement. It is not used to request exceptions to major/minor/concentration requirements because these are governed by individual departments and must be petitioned directly to the departments. It is also not used to request the Pass/No Pass grading option. Exceptions to Core requirements are petitioned using this form, as are other exceptions to policy or standard practices. Students are responsible for providing sufficient justification or documentation to support their request: Why is an exception warranted for your particular situation?
2. This form must be signed by all appropriate persons concerned with the petition. In all cases, the signatures of academic advisors and instructors who are involved in the exception being requested are necessary.
3. Advice regarding signatures may be obtained from the Associate Academic Dean.
4. This form must be submitted to the Chair of Academic Standing Committee who will notify you, in writing, of the Committee's decision. Forms can be submitted to the Office of Registration and Records.

ACADEMIC ADVISORS AND COURSE INSTRUCTORS:

Students have a right to petition; therefore, your signature indicates only that you have been informed of the petition. In addition to your signature on this form, please initial and date any attachments, as well as check the appropriate boxes indicating your support, opposition, lack of an opinion, and/or intention to send additional information.

Student's Name _____ Date _____

Student's Email Address_____ Student ID Number: _____

Class (circle): FR   SO   JR   SR   Major/Minor(s): _____

I hereby petition the Committee: _____

_____

_____

_____

(over if necessary)

___ SUPPORT   ___NO OPINION   ___OPPOSE   ___ADDITIONAL INFO ATTACHED OR TO FOLLOW

COMMENTS: (optional) _____

(a) _____
Advisor   Date

___SUPPORT   ___NO OPINION   ___OPPOSE   ___ADDITIONAL INFO ATTACHED OR TO FOLLOW

COMMENTS: (optional)_____

(b)_____
Instructor or other (note position)   Date

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Committee Action: Date:_____   _____
                                                            Chair, ASC

_____Approved   ___Denied

9/3/2020