



# PETITION FOR POLICY EXCEPTION

THIS FORM IS TO BE USED TO REQUEST AN EXCEPTION TO AN ORU CATALOG POLICY

1. Include all relevant course information. (COURSE NUMBER, TITLE, TERM, GRADE AND INSTRUCTOR)
2. Obtain appropriate signatures. \*(See back of form for routine requests)
3. Return all copies to the Registrar's Office. (Please allow a minimum of 2 weeks for processing.)

Name: \_\_\_\_\_ Z#: \_\_\_\_\_  
Last First MI

Email: \_\_\_\_\_@oru.edu Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Local Address: \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ FR \_\_\_\_ SO \_\_\_\_ JR \_\_\_\_ SR \_\_\_\_ GRAD \_\_\_\_

Please check: I receive veteran's benefits. \_\_\_\_ Yes \_\_\_\_ No  
I am an international student. \_\_\_\_ Yes \_\_\_\_ No I am a student athlete. \_\_\_\_ Yes \_\_\_\_ No

STATEMENT FOR PETITION:

Student Signature: \_\_\_\_\_

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Instructor	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Department Chair	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	College Dean	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Vice President for Academic Affairs	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Student Accounts*	Date

\*Required for an Audit-to-Letter grade change that raises enrollment above 18.5 credit hours or all part-time enrollment (11.5 credit hours or less) and all schedule adjustments made after the drop/add period.