



William & Mary
School of Education

Request for Exceptions to Academic Policy

Please Print:

Student ID # 93 _____ Name _____

Degree Program & Concentration: _____

Please describe the nature of your petition _____

Please attach the reasons(s) for your request. Please include all extenuating circumstances which have precipitated the request.

Student Signature: _____

Date: _____

RECOMMENDATION OF ADVISOR:

Approved

Denied

Comments: _____

Signature: _____ Date: _____

ACTION OF ACADEMIC AFFAIRS COMMITTEE:

Approved

Denied

Comments: _____

Signature: _____ Date: _____

Office Use ONLY

Date Processed: _____