

PETITION TO UNDERGRADUATE EXCEPTIONS COMMITTEE

KUTZTOWN UNIVERSITY OF PENNSYLVANIA - Kutztown, PA 19530

INSTRUCTIONS ON OTHER SIDE

Student ID # _____

Name: Please circle **Mr Ms**

Telephone # _____

Address _____

City _____

State _____

Zip _____

Curriculum/Major _____

Are you a student athlete? Please circle one.

YES NO

Do you receive Financial Aid? If yes, please ask for Financial Aid form to accompany this petition.

Student Signature _____

Date _____

E-mail: _____

REQUEST

REASONS (Attach additional sheets as necessary.)

REVIEW/STATEMENTS and SIGNATURES

* STRONGLY RECOMMENDED ON ALL REQUESTS

STRONGLY RECOMMENDED IF OTHER DEPARTMENT OR FACULTY INVOLVED

Support: Yes _____ No _____
 Chairperson (Please Print)
 Signature & Date *

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

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

Support: Yes _____ No _____
 Faculty Name (Please Print)
 Faculty 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, Daytime Telephone Number, E-mail Address, Social Security Number, Advisor, Curriculum 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 and complete title.
3. State the reason(s) for the petition. All relevant information should be provided. Numbered statements are helpful. All information provided is considered confidential.
4. The Committee **STRONGLY RECOMMENDS** that you seek **WRITTEN SUPPORT** from the **DEPARTMENT CHAIR OF YOUR MAJOR**, and **YOUR ADVISOR ON ALL PETITIONS**. It is also **RECOMMENDED** that you seek **WRITTEN SUPPORT FROM THE SPECIFIC CHAIRPERSON** for requests involving a department outside of your major and for requests concerning **ATTENDANCE** it is **RECOMMENDED** that you seek **WRITTEN SUPPORT FROM INSTRUCTOR(S)** involved.
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 Office of the Registrar, 115 Lawrence M. Stratton Administration Center, Kutztown University, Kutztown, PA 19530. Completed petitions may also be faxed to 610-683-1586.
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