



Office of Graduate Studies

P.O. Box 730 · Kutztown, PA 19530 · (610) 683-4220

GRADUATE EXCEPTION REQUEST

This form is only for exceptions not covered by the Request for Time Extension for Graduate Study or the Grade Appeal forms.

STUDENT DETAILS

Name:

Email:

Phone number:

Term you were admitted into your program:

Year you were admitted:

Last term you attended:

Last year you attended:

Graduate Program:

Program Advisor:

Reason for Exception (please attach additional support documentation if needed):

You should send the completed form with your signature to your advisor. By submitting this form, you are requesting that the Graduate Exceptions Committee review your request. You will receive a response by email.

Student Signature: _____ Date: _____

Program Advisor: _____ Date: _____ Support ___ Yes ___ No

Chairperson: _____ Date: _____ Support ___ Yes ___ No

College Dean: _____ Date: _____ Support ___ Yes ___ No Dean of Graduate Studies :

(signing on behalf of GEC) _____ Date: _____