

**PETITION TO UNDERGRADUATE EXCEPTIONS COMMITTEE**

**INSTRUCTIONS ON OTHER SIDE**

**KUTZTOWN UNIVERSITY OF PENNSYLVANIA - Kutztown, PA 19530**

Student ID # \_\_\_\_\_

Name: Please choose <b>Mr</b> <b>Ms</b>		Telephone # _____		Advisor _____	
Address _____		City _____	State _____	Zip _____	Curriculum/Major _____
Are you a student athlete? Please choose		YES	NO	<b>Do you receive Financial Aid?</b> 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**

<b>* REQUIRED ON ALL REQUESTS</b>	<b>REQUIRED ONLY IF OTHER DEPARTMENT OR FACULTY INVOLVED</b>
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, Email Address, Student ID 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, section, 4 digit class number and complete title.
3. State the reason(s) for the petition. All relevant information should be provided. All information provided is considered confidential.
4. The Committee **REQUIRES** that you seek **WRITTEN SUPPORT** from the **DEPARTMENT CHAIR OF YOUR MAJOR**, and **YOUR ADVISOR ON ALL PETITIONS**. For requests concerning **ATTENDANCE** it is **REQUIRED** 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 Registrar's Office, 115 Stratton Administration Building, 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**

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**Name**

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**Student ID #**

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**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:**

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**Financial Aid Representative's Signature**

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**Date**

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**Student's Signature**

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**Date**