



**INSTITUTE OF
TECHNOLOGY**

Academic Exception Appeal Request

_____ Student's Name	_____ CWID
_____ Program of Study	_____ Date of Request
_____ Type of Academic Appeal Requested	_____ Semester of Request

Student Request:

Please explain the personal circumstances that led to this request for an exception:

Student Signature:

Date:

Division Request:	
I am requesting that an exception be granted so that this student may enroll. I feel that this student will benefit from this exception for the following reasons:	
Signature:	Date:

To be completed by Academic Affairs:		
Academic Plan:		
Signature:	Date:	
Type of Appeal Requested:		
<input type="checkbox"/> Academic Suspension <input type="checkbox"/> Remedial Coursework <input type="checkbox"/> Special Student Status		
<input type="checkbox"/> Approved for _____ Semester	<input type="checkbox"/> Denied	<input type="checkbox"/> Input on SCT

Academic Exception Agreement

I understand that I am requesting an exception in order to enroll in future semesters. I am aware that if I do not follow the plan that we have agreed upon that it will jeopardize future enrollment.	
I understand that this appeal does not alter my financial aid status. I understand that I must contact Student Financial Services regarding my financial aid eligibility.	
Student's Signature:	Date: