



INSTITUTE OF TECHNOLOGY

# Academic Exception Appeal Request

Student Name	CWID
Contact Email	Contact Phone Number
Program of Study	Date of Request
<input type="checkbox"/> Academic Suspension <input type="checkbox"/> Exceed Max Hours	
Type of Appeal Requested	Semester of Appeal Request

<p><b>To Be Completed by the Student:</b></p> <p>Describe the personal circumstances in detail that contributed to you academic deficiencies and explain how they were a factor in your academic performance. <i>Attach copies of documentation of these circumstances.</i></p>
---

### Academic Exception Agreement

<p>I understand each of the following statements:</p> <ul style="list-style-type: none"> <li>a. I am requesting an exception in order to enroll in future semesters.</li> <li>b. If I do not follow the plan that we have agreed upon that it will jeopardize future enrollment</li> <li>c. This appeal does not alter my financial aid status. I must contact the Office of Financial Aid regarding my financial aid eligibility.</li> </ul>	
Student Signature:	Date:

<b>To be Completed by the Dean of Academic Program:</b>	
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

<b>To be completed by Academic Affairs:</b>		
Academic Plan:		
Semester:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Signature:	Date:	

FOR OFFICE USE ONLY		
Date received by AA		Notes:
Note in SPACMNT		
Date taken to Registrar		
Date Reg. Hold Lifted		