



# PETITION FOR POLICY EXCEPTION

**THIS FORM IS TO BE USED TO REQUEST AN EXCEPTION TO AN ORU CATALOG POLICY**

1. Include all relevant course information. (COURSE NUMBER, TITLE, TERM, GRADE AND INSTRUCTOR)
2. Obtain appropriate signatures. \*(See back of form for routine requests)
3. Return all copies to the Registrar's Office. (Please allow a minimum of 2 weeks for processing.)

Name: \_\_\_\_\_ Z#: \_\_\_\_\_  
Last First MI

Email: \_\_\_\_\_@oru.edu Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Local Address: \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ FR \_\_\_ SO \_\_\_ JR \_\_\_ SR \_\_\_ GRAD \_\_\_

Please check: I receive veteran's benefits. \_\_\_ Yes \_\_\_ No  
I am an international student. \_\_\_ Yes \_\_\_ No I am a student athlete. \_\_\_ Yes \_\_\_ No

STATEMENT FOR PETITION:

Student Signature: \_\_\_\_\_

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Instructor	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Department Chair	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	College Dean	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Provost	Date

Approved <input type="checkbox"/>	_____	_____
Not Approved <input type="checkbox"/>	Student Accounts*	Date

\*Required for an Audit-to-Letter grade change that raises enrollment above 18.5 credit hours **or** all part-time enrollment (11.5 credit hours or less) and all schedule adjustments made after the drop/add period.