

Parkland College REQUEST FOR EXCEPTION TO ACADEMIC POLICY

STUDENT INFORMATION *(please print clearly or type)*

Last name _____ First name _____

Student ID _____ Daytime phone (_____) _____

Street Address _____

City, State, Zip _____

REQUEST

Course (Prefix, Number, Section) _____ Fall Spring Summer Year _____

Drop class Withdraw after deadline Grade change from _____ to _____

Other _____

FINANCIAL AID *(Completion of this section required before submission of form to dean's office)*

Student: I receive financial aid. I do not receive financial aid.

Financial aid advisor: Financial aid implications if request is approved.

No implications Student will owe \$ _____ Student will be refunded \$ _____

Financial aid advisor's signature: _____ **Date:** _____

RATIONALE *(attach supporting documentation)*

Note: Exceptions to Academic Policy are granted only for documented significant extenuating circumstances.

Check here if supporting documentation is attached

Student's signature _____ **Date** _____

FOR ADMINISTRATIVE USE ONLY

Approved Denied Pending (see comments) Effective Date: _____

Signature _____ **Date** _____