

APPEAL FOR EXCEPTION TO ACADEMIC POLICY

*** Attach a statement that fully explains reasons for your request. ***

It is the student's responsibility to obtain the appropriate signatures PRIOR to returning this form to the Office of the Registrar, Christopher Newport Hall 1st floor commons, by 5:00 p.m. on the published deadline date. You may submit your form via hand-delivery, post, or fax. If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor.

Attach a typed statement that fully explains, including all pertinent circumstances, reason(s) for exception. Please provide supporting documentation for all information included in your appeal. Appeals without explanation will not be reviewed. Appeals must present compelling, mitigating reasons for exception to academic policy. Requests for exception will be reviewed by the Undergraduate Academic Status Committee at the next scheduled meeting. After a decision has been reached, a formal response will be mailed to the address provided on the appeal form.

You are required to register and maintain a minimum of 12 credit hours to be considered a full-time student during regular semesters (fall and spring). Please note that students are strongly encouraged to register for at least 15 credit hours in all regular semesters to make progress toward graduation in four years. Please consult with your advisor to ensure that your course selections progress you toward your anticipated degree.

NAME: _____
(Please Print) (Last) (First) (MI) (Maiden)

CNU STUDENT ID#: _____ MAJOR: _____

ADDRESS: _____
(Street Address)

(City) (State) (Zip Code)

HOME PHONE (Area Code and Number) _____

CELL PHONE (Area Code and Number) _____

WORK PHONE (Area Code and Number) _____

EMAIL ADDRESS _____

ANTICIPATED GRADUATION DATE: May 20____ August 20____ December 20____

Student's Signature: _____ Date: _____

FACULTY ADVISOR: (Note: If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor.)

Printed Name: _____

Signature: _____ Date: _____

Recommendation: Support Do Not Support No Recommendation

Comments:

FOR COMMITTEE USE ONLY: Approved Denied Date of Action: _____ Full-time Part-time # Cr. Hrs: _____

Comments _____