

College of Education
ACADEMIC EXCEPTION PETITION FORM

STUDENT:

1. After reviewing your degree audit report with your academic adviser, determine which of the exceptions described below is/are appropriate for your academic program.
2. State below precisely which exception(s) is/are being requested, and justify your statement.
3. Review your written statement with your academic adviser and secure comments, recommendations, and signatures from your adviser and, if appropriate, the Program Head.
4. Fill in the top section on the back of this form and forward the completed petition to your college Dean's Office.
5. Notification of action taken by your Dean's Office will be mailed to the address you provide on the back of this form.

DESCRIPTION of academic exceptions:

1. **COURSE SUBSTITUTION:** Another specific course fulfills the intent of a course which may be selected in a requirement.
2. **CREDIT WAIVER:** A specified number of credits is considered complete within a requirement or sub-requirement. An equal number of credits is required toward the completion of the total credits earned for the degree program. NOTE: A separate credit waiver action is required to waive any credits from the total credits needed for graduation.
3. **REQUIREMENT OR SUB-REQUIREMENT COMPLETED:** This exception completes the requirement or sub-requirement without the use of substitutions or waivers. Generally, this action should be used only if a course substitution, credit waiver, or course waiver action does not meet your needs.
4. **COURSE WAIVER:** A specified course requirement is considered complete. Credits associated with the course are not considered complete unless a credit waiver is also initiated.

REASONS FOR REQUESTING THIS PETITION:

Student's Signature

Date

ADVISER'S comments and recommendation (support or deny):

Adviser's Name (PRINT)

Adviser's Signature

Date

PROGRAM HEAD'S comments and recommendation (support or deny):

Program Head's Signature

Date

STUDENT NAME and LOCAL ADDRESS:

_____	PSU ID#:	_____
_____	LOCAL PHONE:	_____
_____	MAJOR/OPTION:	_____
_____	SEMESTER CLASSIFICATION:	_____

(FOR OFFICE USE ONLY)

TYPE OF EXCEPTION

COURSE SUBSTITUTION

SUBSTITUTE COURSE

REQUIRED COURSE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CREDIT WAIVER

REQUIREMENT
NAME

OF CREDITS
TO BE WAIVED

_____	_____
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REQUIREMENT OR SUB-
REQUIREMENT COMPLETED

REQUIREMENT OR
SUBREQUIREMENT
NAME

COURSE WAIVER
(CREDITS WILL **NOT**
BE WAIVED)

WAIVED
COURSE

	YES	NO
DEAN'S ACTION:		
APPROVED	_____	_____

SIGNATURE

DATE

THIS COPY IS YOUR FORMAL RECORD THAT THIS PETITION HAS BEEN ACTED UPON

REFERENCE: Senate Policy 82-60