Graduate School Request for Exception Form

Procedures for requesting an exception to a Graduate School rule:
1. Complete Section I of this request form.
2. Submit this form to your program for their review and recommendation.
3. Return the completed form, (with any attachments) to Graduate Student Services in Mitchell 261, or mail to Graduate Student Services, PO Box 340, Milwaukee, WI 53201-0340, (414) 229-6569.
4. The Graduate School makes the final decision on your request. We will return a copy of this form with a decision (Part III) in approximately four weeks.

I. To be completed by the Student

Name ____________________________________________________________________________________________________
Last First Middle Initial
Email Address ____________________________________________ Student Number _____________________________
Mailing Address __________________________________________ City, State, Zip ________________________________
Program _____________________________________________ Advisor ____________________________________
Exception you are requesting: ____________________________ Semester/Year: _______________________

Current Status: □ Master’s □ Doctoral □ Dissertator □ Non-Degree □ Certificate

Justification for Exception: You must supply evidence of extenuating circumstances to support your request for an exception. Attach additional sheets and supporting documentation (letters, medical documentation, etc) as needed.

________________________________________________________________________ ______________________________
Student Signature Date Daytime Phone

II. To be completed by Program

Program Response/Recommendation:

☐ Approved ☐ Modified ☐ Not approved

Each request for an exception must include a written response by the program representative and faculty/staff committee, instructor, or advisor as appropriate, responding to each issue raised by the student and stating the rationale for the program’s recommendation.

Supporting Signature (Advisor, instructor as appropriate) ______________________________ Date ______________________________

Graduate Program Representative Signature (Required) ______________________________ Date ______________________________

III. To be completed by Graduate Student Services

Graduate School Decision

☐ Approved ☐ Modified ☐ Not Approved

☐ No Action – Resubmit request based on remarks. This is NOT an approved request.

Remarks:

________________________________________________________________________ ______________________________
Graduate School Signature Date ______________________________

☐ Transcript Entry ☐ Forms Processed Initial/Date 35590-34