



REQUEST FOR EXCEPTION TO ACADEMIC POLICY FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Program: \_\_\_\_\_ Class Yr: \_\_\_\_\_

The University Catalog sets forth academic requirements at Kansas City University of Medicine and Biosciences. All students are expected to meet the academic requirements in the pursuit of their degrees.

Please be advised that there are some academic policies for which exceptions are never granted (e.g., COMLEX passage or minimum GPA requirements for graduation).

Requested Exception: (please note in detail what you are requesting)
Justification: (What are the extenuating circumstances? – attach additional sheets if necessary)

The information above is, to the best of my knowledge, accurate and complete. I understand that the KCUMB Student Conduct Code applies to this petition.

Student Signature

Please obtain signatures in the order given below.

Department Chair: [ ] Recommend [ ] Not Recommend Signature Date

College Dean/Assoc. Dean: [ ] Approve [ ] Disapprove Signature Date

Executive Vice President \*: [ ] Approve [ ] Disapprove Signature Date

\* ONLY if required as specified in the University Catalog

Registrar's Office: Processed by: Date:

Original to Registrar Copies from Registrar to: 1. College Office 2. Student