



**Student Request for  
EXCEPTION TO ACADEMIC POLICY  
PROFESSIONAL STUDIES PROGRAM**

Center for Professional Studies • Keuka College • Keuka Park, NY 14478 • Phone: 866-255-3852 • Fax: 315-279-5407

Student Name	Cohort Number and Major	Location
--------------	-------------------------	----------

Clearly articulate the rationale of your request for exception to Academic Policy. Additional documentation required.

Please indicate the total number of pages submitted: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT DO NOT WRITE BELOW THIS LINE**

**Director of Administration Position:**

I approve       I do not approve      \_\_\_\_\_      \_\_\_\_\_  
Director of Administration Signature (required)      Date

Rational: \_\_\_\_\_

**Program Representative Position:**

I approve       I do not approve      \_\_\_\_\_      \_\_\_\_\_  
Signature      Date

Relevant Role/Title: \_\_\_\_\_

Rational: \_\_\_\_\_

**DECISION:**  **Granted**     **Denied**      \_\_\_\_\_      \_\_\_\_\_  
Assoc. Vice President for Professional Studies (required)      Date

Reason(s) for Denial: \_\_\_\_\_

Fee to be charged associated with the request:  None/Denied     \$250.00     Waived (required AVP initials) \_\_\_\_\_

**Student may appeal a denial to the Instruction Committee through the Committee Chair.**

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Student, CPSIP, Registrar's Office, Instruction Committee Chair

Revised Date: 11/16/07