



Request for Exception to Policy

Student Name _____ **Date** _____

Email _____ **Advisor** _____

Major(s) _____ **Minor(s)** _____

I respectfully request the following Exception to Policy:

Reason for Request:

Student Signature

Advisor Signature

Return completed form to University of the Ozarks or email to registrars@ozarks.edu.

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Registrar Notes:

Chief Academic Officer Approval: _____ **CAMS/Degree Audit updated:** _____

OFFICE OF ACADEMIC AFFAIRS



Revised 7/2022