



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 Office of Academic Affairs or email to registrars@ozarks.edu.

Office Use only

Registrar Notes: _____ **Registrar's Signature:** _____

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