University of Missouri - Kansas City
School of Biological Sciences

Petition for Exception

Date: _____

Name: _____ Student Id#: _____
(Last) (First) (MI)

Address: _____
_____

Home Phone# : _____ Alternate Phone# : _____

Exception Requested:

_____
_____
_____
_____
_____

Describe the reasons you believe justify an exception and ***attach supporting evidence or documentation***:

_____
_____
_____
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ACADEMIC STANDARDS COMMITTEE ACTION

? **Petition approved** as requested

? **Petition approved** with the following conditions:

_____
_____
_____

? **Petition denied**

Signature: _____ Date: _____
Academic Standards Committee

CC: Records
Student
Petition File