

REQUEST FOR EXCEPTION TO
GRADUATE PROGRAM IN NURSING POLICY OR REQUIREMENT

To the Graduate Student: Three typed copies are given to your Advisor.

NAME: _____

ADDRESS: _____

State the policy or requirement to which you request exception. Provide pertinent information about, and rationale for, your request. Attach an additional sheet if necessary.

_____	_____
Student's Signature	Date
_____	_____ APPROVE
Advisor's Signature	_____ DISAPPROVE
Graduate Faculty Action:	_____ APPROVE
	_____ DISAPPROVE

COMMENTS:

_____	_____
Program Director's Signature	Date