

Policy Exception Petition

Name: _____ Expected Graduation date: _____

UVA ID: _____ UVA Email: _____ Major or Program: _____

Reason for request:

***Please provide a statement including supporting reasons and appropriate documentation for this request below:**

Signature of Student _____ Date: _____

Signature of Advisor _____

Office Use Only

Signature of Associate Dean _____

Approved

Denied