



# EXCEPTION TO POLICY PETITION

**This form will not be accepted if any portion is left blank.** It is your responsibility to communicate with the faculty members to answer the questions in the 'Faculty Section'. If you have financial aid or scholarships, speak with a Financial Aid counselor before submitting this document. When you have completed the form, return it to the Registrar's Office, HCC 1st floor, with any documents to support your appeal.

## STUDENT SECTION

Name: \_\_\_\_\_ Dixie ID #: \_\_\_\_\_  
Last First Middle Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Purpose: Add Class(es):  Drop Class(es):  Add Extra Credit:  Audit Class(es):  Complete Withdrawal (must include withdrawal form):

Course Information: Fall:  Spring:  Summer:  Year: \_\_\_\_\_

Class CRN:	Course Identification (e.g. ENGL 1010-05):	Course Title (e.g. Intro to Writing):
------------	--	---------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## FACULTY SECTION

Student: **This section is required and must be completed prior to submitting petition.**

Faculty: We thank you for supplying the committee with this information so we can make a fair and equitable decision in the student's behalf. Your cooperation is greatly appreciated.

Class CRN	Late Date Attended (APPROX.)	Grade Earned By This Date (APPROX.)	Did Student Attend Regularly Up to Date Last Attended?	Faculty Signature
-----------	------------------------------	-------------------------------------	--	-------------------

REQUIRED

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Continued On Back...

