Exception to a Requirement

Department of Mechanical and Mechatronic Engineering and Advanced Manufacturing
California State University, Chico

Name: ____________________________________________________________

Student ID: ___________________________  Major: ___________________________

Email Address: _________________________  Phone Number: ____________________

Advisor: ________________________________  Expected Graduation: _______________ Semester / Year

Describe the policy, regulation, or graduation requirement for which you are requesting an exception.

Describe the exception.

Describe the justification for your request.

I am requesting the described exception to a policy, regulation or graduation requirement.

Student: ____________________________________________________________

Signature ___________________________________________ Date______________

I approve the described exception to a policy, regulation, or graduation requirement.

Advisor: ________________________________

Name __________________________________ Signature ______________________ Date______________

Dept Chair: _____________________________

Name __________________________________ Signature ______________________ Date______________

Copies:  Department Advising File

Student