



**INSTITUTE OF  
TECHNOLOGY**

# Academic Exception Appeal Request

Student's Name	CWID
Non-OkState email	Contact Phone Number
Program of Study	Date of Request
Type of Academic Appeal Requested	Semester of Request

## Student Request:

Please explain the personal circumstances that led to this request for an exception:

**Student Signature:**

**Date:**

<b>Division Request:</b>	
I am requesting that an exception be granted so that this student may enroll. I feel that this student will benefit from this exception for the following reasons:	
<b>Signature:</b>	<b>Date:</b>

<b>To be completed by Academic Affairs:</b>		
Academic Plan:		
<b>Signature:</b>	<b>Date:</b>	
Type of Appeal Requested:		
<input type="checkbox"/> Academic Suspension <input type="checkbox"/> Remedial Coursework <input type="checkbox"/> Special Student Status		
<input type="checkbox"/> Approved for _____ Semester	<input type="checkbox"/> Denied	<input type="checkbox"/> Input on SCT

**Academic Exception Agreement**

<b>I understand that I am requesting an exception in order to enroll in future semesters. I am aware that if I do not follow the plan that we have agreed upon that it will jeopardize future enrollment.</b>	
<b>I understand that this appeal does not alter my financial aid status. I understand that I must contact Student Financial Services regarding my financial aid eligibility.</b>	
<b>Student's Signature:</b>	<b>Date:</b>