

Petition for Exception to **GRADUATE** Program Requirements

This form is to be used by all advising units and campuses for any adjustment to a student's **Graduate-level** program. Advisors should initiate the form on behalf of the student with their consent. Complete the following using the directions.



Student Name: _____ KSU ID #: _____ Date Submitted: _____
KSU Email: _____ @kent.edu Phone #: _____ College: _____ Degree: _____
Major: _____ Concentration: _____ Catalog Year: _____ Transfer Institution*: _____
Minor: _____ Graduation App Submitted: _____ If Yes, what term? _____ [Transfer Institution Code](#)*: _____

KSU Required Course/Program Requirement ⁺ <small>⁺Please include title for Special Topic courses.</small>	Credit Hours	Substituted or Transferred Course (Dept, Course Subject, Course Number and Title) <small>¹If requirement is to be WAIVED please explain below</small>	Credit Hours	Term Taken (F14)	Apply to:			Request Approved?	
					Major	Minor	Other	Yes	No
1.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

¹Explanation/Comments: _____

If approved, the student's degree audit will be adjusted to reflect the exception. Students and advisors will be notified of the approval via email by GPS. Denials will be returned to the Professional/Faculty Advisor, who will notify the student.

Professional or Faculty Advisor _____ @kent.edu
(Print Name) Signature KSU Email Date

University Articulation Committee Representative _____ @kent.edu
(Print Name) Signature KSU Email Date

Department Evaluator (if needed) _____ @kent.edu
(Print Name) Signature KSU Email Date

2nd College/Campus UAC Representative (if needed) _____ @kent.edu
(Print Name) Signature KSU Email Date

For GPS use only:

Degree Audit adjusted by:	Date:	Record ID:
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