

Policy Exception Request

Student Name: _____ GWID: _____
 GW Email: _____@gwmil.gwu.edu FR SO JR SR
 Degree: BAccy BBA BS Concentration/Major(s): _____
 GWSB Advisor: _____

I hereby request the following exception to University or School of Business Policy:
 (Use a separate sheet if additional space is needed)

Reason for Request:
 (Use a separate sheet if additional space is needed. Requests involving mental or physical health need medical documentation)

Student Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE - FOR UNIVERSITY OFFICIAL USE ONLY

Department/Faculty Approval (If Applicable)
Signature and Date

Name & Department

 (Signature Indicates Approval)

 (Please Print)

Comments:

GWSB Advisor
Signature and Date _____

Approve Deny

Comments:

Assistant/Executive Director
Signature and Date _____

Approve Deny

Comments: