



Petition for Academic Waivers or Exceptions

- A. Date Exception Originated _____
- B. Describe clearly and concisely the exception or waiver you are requesting:
- C. Exceptions to published rules that are granted by the Texas A&M Health Science Center are subject to periodic review and audit by the Texas Higher Education Coordinating Board and the Southern Association of Colleges and Schools. For your petition to receive careful consideration, please present justification for your request. Include factors necessitating the request that were beyond your control, ways in which the exception will benefit your study, and/or ways in which you believe you have met the spirit of the requirement.

D. Approval Recommended:

Committee Information

Committee Chair	Dept.
Committee Member	Dept.
Committee Member	Dept.
Committee Member	Dept.
Department Head	
Dean or Designee	

Student Information

Student's UIN
Student's Name
Student's Signature Date
E-mail
Mailing Address
Date of Approval

For Office Use Only:

Review by OR: _____

Review by AVPSS: _____

Review by VPAA: _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.