



**Section I**

**Student Information**

Name \_\_\_\_\_ APU ID# (required) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Soc Sec # (opt.) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Term/Session \_\_\_\_\_ Year \_\_\_\_\_ Course ID (If Applicable) \_\_\_\_\_

Exception to Academic Policy: \_\_\_\_\_

Rationale:

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section II**

**Department Endorsement**

Endorsed by: \_\_\_\_\_  Favorable  Unfavorable Date \_\_\_\_\_  
Instructor (if individual class is involved)

If session has ended, provide final grade: \_\_\_\_\_ Coursework completion date: \_\_\_\_\_

Comments:

Endorsed by: \_\_\_\_\_  Favorable  Unfavorable Date \_\_\_\_\_  
Program Director or Department Chair (of subject in question)

Comments:

Endorsed by: \_\_\_\_\_  Favorable  Unfavorable Date \_\_\_\_\_  
Dean (of subject in question)

Comments:

**Registrar Use Only**

Approved  Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

\_\_\_\_\_

**Mailing Address:** Azusa Pacific University, Graduate and Professional Center, P.O. Box 7000, Azusa, CA 91702

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