

REQUEST FOR EXEMPTION FROM A GRADE DEFICIENCY

For an Officer Position in a Recognized Student Organization

Date _____ Student Name _____

Name of Advisor _____

Name of Organization _____

Position Applied for: _____

Date student will undertake the responsibilities of the position he/she is apply for _____

School Currently Enrolled in

_____ College of Graduate Studies _____ College of Health Sciences

_____ College of Nursing _____ College of Medicine

Circumstances relating to grade deficiency (please provide detailed explanation)

Program/Course Director Comments: _____

Advisor Comments: _____

Signing this form indicates support of the student's appeal to become an officer of the above mentioned student organization. If either the Program/Course Director or the Advisor refuses to support this application then the student is precluded from seeking an exemption and therefore will not be allowed to seek an office in any organization for the above time period.

Advisor Signature

Date

Program/Course Director Signature

Date

Exemption Accepted _____yes _____no

Director, Office of Student Life HSC

Date