

Decker School of Nursing/Binghamton University

GENERAL ACADEMIC PETITION FOR EXCEPTIONS TO ACADEMIC POLICIES

Credit Overload (Complete Sections 1, 2, 5, 6) Course Substitution (Complete Sections 1, 3, 5, 6)

Other (Complete Sections 1, 4, 5, 6) Please Indicate Reason: _____

Section 1:

Name _____ B Number _____

Address (Local) _____ Phone (Local) _____

(Home) _____ Phone (Cell) _____

E-mail: _____

Section 2:

Course Rubric and Number: _____ Number of credits to overload: _____

Course Title: _____

Reason: Required for double degree Personal need to accelerate Other

Section 3:

BU Course Rubric and Number: _____ **Course Title:** _____

Substituting Course Rubric and Number: _____ **Number of credits awarded:** _____

Course Title: _____ **Please attach course syllabus to petition**

Semester/Year Course Taken: _____ Final Grade: _____

College/University Course Taken: _____

Section 4:

Other: Please state reason(s) for petition; provide specific details and supporting documentation (course syllabus, etc).

Section 5: Student signature _____ Date _____

Section 6: Advisor signature _____ Date _____

Committee Decision: Approved Denied More information required; see below for details

Committee Chair Signature(s): _____ **Date:** _____

Comments: _____

Date Student Notified of Committee Decision: _____ **Date Entered into Banner** _____ **by** _____