

University of La Verne

APPEAL FOR EXCEPTION TO UNIVERSITY POLICY- LATE OR RETROACTIVE SCHEDULE CHANGES

OFFICE OF THE REGISTRAR

909.448.4001

E-mail: reg@laverne.edu

It is the student's responsibility to fully understand the information presented in the current La Verne Catalog and to know and observe all policies and procedures related to the program he/she is pursuing. Regulations may not be waived nor exceptions granted because a student pleads ignorance of policies or procedures.

The Undergraduate Appeals Committee meets regularly during the school year and on an as needed basis during January, June, July, and August. Completed appeals must be received by 5pm three business days prior to each weekly meeting to be included in that week's meeting agenda.

A letter stating the result of your appeal will be sent to the email address specified on this form. It is the student's responsibility to check with Student Accounts and Financial Aid (if applicable) to determine how your appeal may affect your account.

NAME _____ ID# _____ DATE _____

CAMPUS: _____ PHONE: _____ EMAIL: _____

THIS APPEAL IS RELATED TO MY SCHEDULE FOR _____ 20 _____ <i>(You must submit a separate petition for each term/semester)</i> (Must submit appeal with supporting documentation within one (1) calendar year from the end of the term/semester)	
<input type="checkbox"/> ADD <input type="checkbox"/> DROP (Stopped attending during add/drop period) <input type="checkbox"/> WITHDRAW (Stopped attending during the withdrawal period) <input type="checkbox"/> GRADE OPTION CHANGE (Change made after withdrawal period closes)	<div style="text-align: center;"> APPEAL SUBMISSION REQUIREMENTS <i>(Failure to submit all requirements will result in longer processing time)</i> </div> <input type="checkbox"/> <u>STATEMENT OF REQUEST</u> – include (1) specific details of the course(s) you want to add, drop or withdraw from, <u>AND</u> (2) the reason you feel an exception to University policy should be granted. All documentation supporting this statement must accompany the appeal. Examples include, but are not limited to: a doctor's note, accident report, verification of change in employment from your employer, etc <input type="checkbox"/> <u>ADVISOR SUPPORT</u> – Advisor support is required to drop or withdraw from class(es). Support can be in the form of an email. <input type="checkbox"/> <u>INSTRUCTOR SUPPORT</u> – Any schedule changes require instructor support. For drop or withdraw the instructor MUST include your last date of attendance/participation. Support can be an email.

INSTRUCTOR SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

The below signature confirms that all of the requirements of the appeal have been met and acknowledgement that it is the student's responsibility to obtain the response of the Committee. It is the student's obligation to read and understand that response, and process all necessary payments and paperwork by the given deadline. Appeals that are granted will be charged a minimum of a \$50 appeals fee.

STUDENT SIGNATURE _____ DATE _____

APPROVED

DENIED

FEE \$ _____

EFF. DATE _____

MARILYN S. DAVIES, REGISTRAR