

**PETITION OF EXCEPTION**

**OAKLAND UNIVERSITY**  
**GRADUATE STUDY AND**  
**LIFELONG LEARNING**  
520 O'Dowd Hall  
Rochester, MI 48309-4401  
Phone: 248-370-4156

**Submit original completed form to Graduate Study and Lifelong Learning, 520 O'Dowd Hall**

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**To be completed by the Student:**

Name: \_\_\_\_\_ Grizzly Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-Mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Program: \_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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**To be completed by Adviser:**

I recommend that the request be  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

Name (print or type): \_\_\_\_\_

Signature of Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by Department Chair:**

I recommend that the request be  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

Name (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by GCOI Representative:**

I recommend that the request be  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

Name (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by Graduate Study and Lifelong Learning:**

Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/Representative of Graduate Study: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: student, department/school, student file (original), database