

REQUEST FOR EXCEPTION TO POLICY 1051

“Retaking Failed or Dropped Courses”

Student Directions:

1. Complete Section A.
2. Submit the completed form to the Registrar.

A Student Request: *Please Print.*

Name: _____

Term for which exception is requested: WI SP SU FA Year: _____

Course Required:	Course Requested:	Reason for Exception:		
		NBCE Eligibility	Curriculum Sequence	Other
<i>Ex. PHCH520 Microbiology I</i>	<i>ANAT 531 Anatomy III</i>		X	
1.				
2.				
3.				
4.				

Additional Information: _____

By my signature below, I acknowledge that approval of this exception is given at the discretion of the Office of Academic Affairs (OAA) upon review of my academic performance throughout the doctor of chiropractic degree program and is contingent upon my meeting the criteria for eligibility as defined by college policy.

I also understand that if this retake exception is approved, I am responsible for achieving satisfactory progress in all of my classes.

Student's Signature: _____ Date: ____/____/____

B Office of Academic Affairs (OAA) Decision:

☐ Approved

☐ Denied

Reasons for Denial / Conditions for Approval: _____

OAA Signature: _____ Date: ____/____/____