



DEGREE EXCEPTION REQUEST FORM

Name: _____

Address: _____
(Number & Street) (City, State, Zip code)

Daytime phone: () _____ Evening phone: () _____

Degree Program: _____ Quarter/Year you anticipate graduating: _____

INSTRUCTIONS TO STUDENT:

1. Complete the Degree Exception Committee Request form.
2. Write a statement describing your degree exception request. Please be specific in your request.
3. *Provide a letter of support from the appropriate department/division.
4. Submit all your paperwork to the Evaluations Office at the Fort Steilacoom campus.

**Requests that do not include a letter of support from the appropriate department/ division will not be considered and will be returned to the student.*

The Degree Exception Committee will meet once a month (on an as-needed basis). Students will be notified of the Committee's decision in writing--a letter will be mailed to the address listed above.

<u>Members</u>	<u>Committee Action Taken</u>	
	<u>Signatures</u>	<u>Vote</u>
		Yes No
Vice President for Learning & Student Success	_____	— —
Registrar	_____	— —
Division Chair (Ft. Steilacoom)	_____	— —
Division Chair (Puyallup)	_____	— —
Extended Learning	_____	— —
Student (Ft. Steilacoom)	_____	— —
Student (Puyallup)	_____	— —
Comments: _____		

