

DEGREE EXCEPTION REQUEST FORM

Na	me	SID
Ad	ldress	
	(Number & Street)	(City, State, Zip code)
Da	ytime phone	Evening phone
De	gree Program	
Qu	uarter/Year you anticipate graduating	g
Student signature		Date
	INS	STRUCTIONS TO STUDENT
2.3.4.	Provide a letter of support from include a letter of support from the will be returned to the student. Submit your request and all documents.	the appropriate department/division. Requests that do not are appropriate department/division will not be considered and uments to the Evaluations Office at the Fort Steilacoom
	e Degree Exception Committee will mmittee's decision.	l convene on an as-needed basis. Students will be notified of the
		Committee Action Taken
Ap	oproved Denied_	
Registrar's Signature		Date
C 0	omments	

c:\documents and settings\rphoenix\local settings\temporary internet files\content.outlook\ $24fc8sv1$ \degree exception request rev 07 $2011.docx$