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REQUEST FOR EXCEPTION TO REGULATION

Name	
Date	MaineStreet ID (7 Digits)
Addre	SS
Depar	ment of Study
Note:	This request is to be initiated by the student, and signed and forwarded to The Graduate School by the Advisory Committee along with their recommendation.
CITE	POLICY FROM GRADUATE CATALOG:
REQU	JEST:
JUST	FICATION:
	I hereby certify that the information given is correct to the best of my knowledge
	(Student Signature)
*****	(use additional sheet if necessary)
Recon	mendation of Advisory Committee
Chair	Member
Memb	erMember
*****	·************************************
ACTI	ON BY GRADUATE EXECUTIVE COMMITTEE
	ApprovedDenied Tabled Subject To
Gradu	ate School Approval Date