



Graduate School Request for Exception (RFE) form

Procedures for requesting an exception to a Graduate School policy or rule; Student:

1. Complete Section I of this request form.
2. Submit this form *to your program* for their review, decision AND justification for their decision.
3. Return the **completed form**, with any attachments, to the Graduate School in Mitchell Hall, Room 261; or mail to:
UWM Graduate School, P.O. Box 340, Milwaukee, WI 53201-0340, (414) 229-6569.
4. The Graduate School makes the final decision on your request. We will return a copy of this form, via email, with a decision (Part III) in approximately **four** weeks.

I. COMPLETED by the STUDENT

Last name First name Middle Initial

Email Address Student ID Number Student's Advisor

Program: _____

Exception you are requesting: _____

Semester/Year: _____ / _____

Your current status: Non-degree Certificate Master's Doctoral Dissertator

Are you a fellowship recipient: No Advanced Opportunities Program (AOP)

Distinguished Graduate Student Fellowship (DGSF) Distinguished Dissertation Fellowship (DDF)

JUSTIFICATION FOR EXCEPTION: You must supply evidence of extenuating circumstances to support your request for an exception. Attach any additional sheets and supporting documentation (letters, medical documentation, etc.) as needed.

Student Signature

Date

Student Phone Number

II. TO BE COMPLETED BY PROGRAM:

Approved

Modified

Not Approved

Each request for an exception must include a written response by the program representative and faculty/staff committee, instructor, or advisor as appropriate, responding to each issue raised by the student and stating the rationale for the program's recommendation. How does this response fulfill the spirit of the rule?

Supporting Signature (Advisor or Instructor as appropriate)

Date

Graduate Program Representative Signature (Required)

Date

III. GRADUATE SCHOOL DECISION

Approved

Modified

Not Approved

No Action – Resubmit request based on remarks. This is NOT an approved request.

REMARKS:

Graduate School Signature

Date

Transcript Entry

Forms Processed

Initial/Date: _____