

### Petition of Exception

(Please print or type.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_

Program emphasis: \_\_\_\_\_ School Counseling \_\_\_\_\_ Clinical Mental Health  
\_\_\_\_\_ Ph.D in Counseling

Request:

---

---

---

---

---

Rationale:

---

---

---

---

---

Student Signature: \_\_\_\_\_ Student Number: \_\_\_\_\_ Date: \_\_\_\_\_

.....

*The section below is to be filled out by the department of counseling:*

Disposition: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Authorized Signature: \_\_\_\_\_

Date Petition Received: \_\_\_\_\_ Date of Petition Disposition: \_\_\_\_\_