

REQUIREMENT EXCEPTION REQUEST FORM

To be Completed by the Student (Print Clearly)

Name _____

LAST

FIRST

MIDDLE

Telephone Number _____ UVA e-mail ID _____

Major _____

Request

Reason

Advisor Recommendation (if relevant)

**Please Return Completed Form to Department Office with
an unofficial copy of your transcript**

Office use only

Approved by:

_____ Date _____

(Director of the Undergraduate Program) (mm/dd/yyyy)

_____ Date _____

(Chair, Undergraduate Advising Committee) (mm/dd/yyyy)

Entered in SIS by: _____

(Name)

(mm/dd/yyyy)