This form is to be completed by students who are asking for an exception to the enforcement of normal university enrollment regulations. Such requests are reviewed and acted upon by the student's advisor, the division head that the student is seeking permission/exception from, and Vice Chancellor for Academic Affairs.

EXCEPTION TO UNIVERSITY ENROLLMENT REGULATIONS: A request for exception to university enrollment regulations is granted only in cases in which you, the student, can clearly demonstrate an inability to comply with the normal regulations. You must be able to show that the circumstances that prevented you from following the regulations were unavoidable and could not be anticipated. An exception request will only be considered if submitted in a timely manner. A request submitted during the last week of class and through final exams will not be considered until final exams have ended.

- 1. **Print a copy of your transcript.** You can download a copy from your myLSUE webpage.
- 2. Attach, or type below, a brief narrative summarizing your claim.
- 3. Verify your claim with supporting documents such as medical records, accident reports, letters from individuals familiar with your problem (doctors, lawyers, professors, psychiatrists, etc.). Claims of this nature will not be considered without supporting documentation.
- 4. Fill out your personal information and the academic permission area below before you print and sign.
- 5. Attach transcript to the request and consult with your advisor to submit it.

Your advisor will forward the completed request to the appropriate division office for consideration.

FILING A REQUEST DOES NOT GUARANTEE APPROVAL.

IF YOU ARE REQUESTING TO DROP A CLASS OR TO RESIGN AFTER THE DEADLINE, DO NOT STOP ATTENDING CLASS UNTIL YOU KNOW THAT YOUR REQUEST HAS BEEN APPROVED. LIKEWISE, IF YOU ARE REQUESTING TO REGISTER LATE OR TO ADD A CLASS AFTER THE DEADLINE, IT IS YOUR RESPONSIBILITY TO MAKE UP ALL COURSE WORK MISSED.

| I have read and understand all the above requirements. I understand that my request will not be considered |
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| unless I fulfill these requirements. I understand that meeting all of these requirements in no way guarantees that my |
| request will be granted. I understand that being granted the opportunity to request an exception in no way indicates an |
| endorsement of my claim. I understand that it is my responsibility to verify approval or disapproval of this request by |
| contacting the Vice Chancellor of Academic Affairs' Office at (337) 550-1301 (Manual Hall room 102). |
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| Student Signature: | Date: | - | |
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| | | EXCENTION TO ON | VERSITY ENROLLINEITY NEGO | PAGE 2 |
|---|----------------------|---------------------------------------|---------------------------|-------------|
| STUDENT NAME (Last, First, MI) | STUDENT ID# | REQUEST FOR: (Semester & Yea | r) STUDENT'S DIV | ISION |
| STREET ADDRESS | CITY | | STATE | ZIP CODE |
| I request exception to regulations to | : | | | |
| Please enter requested information h | nere: | | | |
| A brief, but detailed narrative must cor 2) a request outlining what you want tricumstances beyond your control just STUDENT NARRATIVE: | o have happen to ren | nedy the situation, and (3) a descrip | otion of what special e | extenuating |
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| Student Signature: | Da | ite: Phone Number | : | |
| | Off | fice Use ONLY | | |
| Recommend Approval Recommend Disapproval | | Academic Advisor's Signat | ure and Date | |
| Recommend Disapproval Academic Advisor's Signature and Date | | | | |

Head of Division (receiving request) Signature and Date

Vice Chancellor For Academic Affairs Signature and Date

Recommend Approval Recommend Disapproval

Approve

Disapprove