

The UNIVERSITY of MONTANA WESTERN

Request for Academic Policy Waiver or Enrollment Status Change

Instructions: Answer ALL questions, print legibly, attach supporting documentation*, be sure to read information above the signature line before signing the form, return completed form & supporting documentation to: **UMW Registrar, 710 South Atlantic, Dillon, MT 59725. One (1) request per form.** Incomplete forms will be rejected.

Name - _____ **ID** - _____
(Last) (First) (Middle/Maiden/Your other names) (Student ID or SSN)

Mailing Address - _____
(Street/PO Box) (City) (State) (Zip Code) (County)

Permanent/Parents Address - _____
(Street/PO Box) (City) (State) (Zip Code)

Phone Numbers - _____ **E-Mail Address:** _____
(Local Phone or Cell) (Permanent/Parents Phone)

Advisor's Name - _____ **Your Degree & Major/Option** - _____

Policy Waiver Requested for (check one): *Late Add/Registration *Late Drop *Late Withdrawal Early Graduation
 Catalog Extension Waive Degree Residency Requirement Pass/Fail Credit Limit Change to Transfer Credit Summary Method
 Student Enrollment & Attendance Status Appeal (must be submitted within 2 weeks of initial determination or change of enrollment status – 203.1)
 Other Policy Waiver (list specific policy) _____

*Attach completed Add/Drop/WD card with these requests. Requests for late adds, late drops or late withdrawal must be submitted **within one year of applicable term.***

Term & Year for which this waiver applies? Fall Spring Summer *YEAR: _____ (one year limit re: adds, drops, WDs)*

What action are you requesting? (BE VERY SPECIFIC; use the back of this form if you need more space) _____

Why should your request be approved?** (Explain; include dates, times, names and ATTACH DOCUMENTATION THAT VERIFIES ALL CLAIMS YOU MAKE – requests may be denied for lack of supporting documentation; use the back of this form if you need more space)

****Attach documentation that verifies any/all claims you make** (examples: if your request is made because of a medical problem attach a letter of note signed by a certified medical official; for late drops attaché a letter from the course instructor telling of your progress and attendance record in the course up to the time you stopped attending; etc). Be specific as to dates, times, places and names of people you contacted with regard to this request and ask those individuals to verify your statements. More detail is better than less. If this request involves late adds/drops/withdrawals (note one year limit), attaché a completed Class Schedule Change Card (Add/Drop Card). **ONE (1) REQUEST PER FORM!**

I certify that the information above is true and correct to the best of my knowledge.

(Student Signature)

(Date Signed)

Student Enrollment Status -OR- Academic Admissions & Standards Committee

Action: APPROVED DENIED TABLED

(SESC or AASC Chairperson Signature)

(Date)