

# The UNIVERSITY of MONTANA WESTERN

## Request for Academic Policy Waiver or Enrollment Status Change

**Instructions:** Answer ALL questions, print legibly, attach appropriate documentation\* (read info above the signature line below), return completed form and supporting documents to: **UMW Registrar, 710 South Atlantic, Dillon, MT 59725.** **ONE (1) REQUEST PER FORM!**

**Name -** \_\_\_\_\_  
(Last Name) (First Name) (Middle/Maiden/Your Other Names) (Student ID or SSN)

**Mailing Address -** \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (Zip Code) (County)

**Permanent/Parents Address -** \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (Zip Code) (County)

**Phone Numbers -** \_\_\_\_\_  
(Local Phone Number) (Permanent/Parents Phone Number)

**E-Mail Address:** \_\_\_\_\_

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

**Waiver requested for (check one):**  \*Late Add or Registration\*  \*Late Drop\*  \*Late Withdrawal\*  Early Graduation  
 Catalog Extension  Waive Residency Requirement  Pass/Fail Credit Limit  Change to Transfer Credit Summary Method  
 Student Enrollment/Attendance Status Change Appeal (must be submitted within two weeks of initial determination or change of enrollment status – 203.1)  
 Other Policy Waiver (list specify 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\* (include dates, times, names, ATTACH DOCUMENTATION THAT VERIFIES ALL CLAIMS YOU MAKE; use the back of this form if you need more space)?**

\***Attach documentation which verifies any/all claims you make** (examples: if your request is made because of a medical problem, attach a letter from your physician; for late drops attach a letter from the course instructor telling of your progress and attendance in the course up to the time you stopped attending; etc.). Be specific as to dates, times, places, and names of people you contacted which pertain to this request; ask those individuals to verify your statements. More detail is better than not enough. If this request involves late adds/drops/withdrawal (note one year limit), attach a completed Class Schedule Change Card (Add/Drop Card). **ONE (1) REQUEST PER FORM!**

I certify 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**  
**RATIONALE:**

Action:  APPROVED  DENIED  TABLED

\_\_\_\_\_  
(SESC or AASC Chairperson Signature)

\_\_\_\_\_  
(Date)