



OAKLAND UNIVERSITY WILLIAM BEAUMONT
Request for Exception to Enrollment Policy

Name: _____ Last 4 of G-ID: _____

Address: _____

Email: _____ @OAKLAND.EDU Phone: (____) _____

SEMESTER – Please select one. Fall 20____ Winter 20____

During the semester in question, were you a financial aid recipient? Yes No

If you are a financial aid recipient and this request is approved; you may be required to repay funds received for the applicable academic year. Please direct financial aid questions to School of Medicine Financial Services, CMSS, 216 O’Dowd Hall, (248)370-3611.

REASON FOR EXCEPTION REQUEST – Check all applicable boxes.

- Crisis Situation
- Medical Condition/Health
- Death in immediate family
- Military Duty
- Financial Difficulty
- Other _____

TYPE OF REQUEST

Change registration: Withdraw Drop Classes

List all courses associated with this request.

Subject and Course Number	Course Name	Course Director

Briefly explain the reason for your request. (Attach an extra page, if necessary, with documentation.)

Student Signature: _____ **Date:** _____

Return this form with documentation to:
 Records and Registration
 OUWB School of Medicine
 586 Pioneer Drive
 216 O’Dowd Hall
 Rochester, Michigan 48309
 medreg@oakland.edu
 Fax: (248)370-3126

FOR OFFICE USE ONLY
 Approved Denied
 Date Received: _____
 Authorized By: _____ Date: _____
 Comments: