

**PETITION OF EXCEPTION**  
**Department of Counseling**  
**OAKLAND UNIVERSITY**

(Please print or type)

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**PROGRAM EMPHASIS:**

\_\_\_\_\_ School Counseling

\_\_\_\_\_ Community Counseling

**REQUEST:**

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**RATIONALE:**

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student Number**

\_\_\_\_\_  
**Date**

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DO NOT WRITE BELOW THIS LINE

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**DISPOSITION:**

**Approved**

**Denied**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date Petition Received**

\_\_\_\_\_  
**Date of Petition Disposition**