

Exception requests must be made within 5 years of the desired adjustment. If this request is for a late add and is approved, a \$100 late fee will be assessed for each approved course.

| STUDENT INFORMATION | | |
|---|---------------------------|---|
| Last Name: | First Name: | A#: |
| Email Address: | Phone#: | High School: |
| Semester & Year: | Course: | Instructor Name: |
| SPECIFIC ACTION REQUESTED | | |
| | | |
| | | |
| | | |
| | | |
| REASON FOR REQUEST | | |
| Please write a brief, clear statement as to why an exception should be made. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Student Signature: | | Date: |
| HIGH SCHOOL RECOMMENDATION | | |
| Does the high school approve this student's request? If yes, please send this completed form and the student's transcript to concurrent@usu.edu | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Counselor Signature: | | Date: |
| Instructor Signature: | | Date: |
| Registrar Signature: | | Date: |
| Principal Signature: | | Date: |
| FOR CONCURRENT ENROLLMENT OFFICE USE | | |
| Director Signature: | | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Term: | Subject: | Course#: |
| CRN: | Detail Code for Late Fee: | Grade: |