

Undergraduates contact One Stop at (310) 506-7999/ onestop@pepperdine.edu  
Graduate students contact the Graduate Programs office at (310) 506-6047 if you have questions.

It is your responsibility to provide the necessary information to support your request. Examples of necessary information include:

- Signature and recommendation of all instructors involved
- Medical verification if exception is due to illness
- Copies of anything to substantiate the request being made

If any type of documentation or recommendation is missing, the petition will be returned to you for completion.

1. "STUDENT INFORMATION" SECTION. Be certain that all boxes are completed. You must clearly specify:
  - Department/Course(s) and Section Number(s); Term/Year (e.g., COM 301.01; Fall 2003-04)
2. "STUDENT PETITION" SECTION. Make your request clear and specific. You must:
  - Present your typed or printed request in the area provided.
    - Begin with a clear statement of your request
    - Discuss such issues as:
      - Chronology of event(s) and clear description of the event(s)
      - Who is involved and the nature of involvement
      - How and when any university representatives have been involved
  - Justify why your request should be honored. Attach additional pages if more space is needed to fully explain the circumstances of your request
  - Sign and date
3. "RECOMMENDATION" SECTION. It is your responsibility to request that the instructor, chairperson, or advisor involved:
  - Makes a recommendation with a signature and date. If more space is needed, please attach additional pages.

Return completed exception requests to OneStop (undergraduates) or the Seaver Dean's Office (graduates).

Credits Committee petitions are reviewed bi-weekly. You will be notified by mail of the decision or you may call (310) 506-6148 after 3:30 pm on the Tuesday that the Credits Committee meets.

### OFFICE OF STUDENT INFORMATION AND SERVICES

Please print clearly or type

Last Name		First Name		MI	ID Number
Current Address / Campus Box Number					
City			State	Zip Code	Phone Number
Your Catalog Year	Major		Student level		
			<input type="radio"/> Freshman	<input type="radio"/> Junior	<input type="radio"/> Graduate
			<input type="radio"/> Sophomore	<input type="radio"/> Senior	
Department / Course #	Term / Year		Instructor		

Briefly indicate the reason(s) for this request. Please make your request clear and specific.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR ADMINISTRATIVE / FACULTY USE ONLY

**Recommendation**  Grant  Deny

Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Decision** By:  Provost  Dean  Division  Credits Committee  Other:

Action:  Approved  Denied  Tabled  No Action  Referred to:

Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_