Exception Request (Alternative Criteria) Form Cover Sheet

Date: ____________________________

Department/College Requesting Exception: ________________________________

Contact person for Exception: ________________________________

Exception for (name of candidate): ________________________________

Specific Field or Course(s) for which the exception applies: ________________________________

Attached to this form:

____ Course(s) Syllabi (if applies)
____ Transcript verification form
____ Program Head letter of support
____ Copy of the candidate’s transcript (Please send the original/official transcript to HR)
____ Copy of the candidate’s CV
____ Verifiable documentation that supports each credential or experience worthy to be considered cause for the exception.
____ For graduate teaching only: Graduate Faculty Nomination process has been initiated. Please attach copy of the submission email.

Program Curriculum Committee

____ Exception accepted on ______ (date) for ______ length of time
   Needs to be reviewed again before ______ Semester
   (grad school requires within first 7 years)

____ More information needed (specify what is needed):

____ Exception denied

Provost Office

____ Accept the program curriculum committee decision
____ Return to program curriculum committee (additional information attached)
____ Request a second opinion from Faculty Senate

Faculty Senate (if requested)

____ Exception accepted on ______ (date) for ______ length of time
   Needs to be reviewed again before ______ Semester
____ Exception denied

Provost Office

____ Approved to teach undergraduate courses until ____________
____ Denied