## **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 transcr  Copy of the candidate's CV  Verifiable documentation that supports each credential or experience worthy considered cause for the exception.	
For graduate teaching only: Graduate Faculty Nomination process has l	neen 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
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