School of Nursing Request for Policy Exception



WASHINGTON, DC

Student Informa	ation				
Student Name				-	GWID
Phone				-	GW Email
Degree/Major					
I hereby petition	for the f	ollowing exceptio	on to policy:		
O Tuition Refund	O Le	ave of Absence	O Other		
repeating a course, i financialaid.gwu.edu	incomplet u/satisfact	e grade, etc. Please ı ory-academic-progre	read the federal po ess). A reduction of	olicy o f cred	re are possible eligibility implications for a course withdrawal, on Satisfactory Academic Progress requirements (https:// dit hours may also require a loan rebudget. Contact the GW n your financial aid eligibility.
-		nancial implications			
	additiona		ssary, attach a sepa		sheet and any supporting documentation.)
Student Signature					Date
* I certify that I have read all ur	niversity and sc	hool policies pertaining to my	request and acknowledge t	hat my s	submission does not constitute as university approval until it is formally communicated to me
Reviewed By:					
Reviewed by.		Academic Advisor			Date
O Approved C) Denied	Associate Program	Dean Signature		Date
	Of				ence and Technology Campus n Hall, Ashburn, VA 20147

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THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

Internal Office Use Only:

Advisor's Notes:

Associate Program Dean Notes and/or Conditions:

Office of Student Affairs | Virginia Science and Technology Campus 45085 University Drive, Innovation Hall, Ashburn, VA 20147