



**UNITED STATES
UNIVERSITY**

Exception to Time to Completion Policy Form

Student Name (first and last): _____ Program: _____

Reason for request (you may send in additional documents with this form):

For Dean use only

Exception should be granted; briefly describe why and include any action plan *if applicable*:

Exception should be denied; briefly describe why:

Dean – Type your name here: _____

For Provost/President use only

Exception approved

Exception denied

Provost/President - Type your name here: _____

Send this form to the Registrar.

5/23/2024