



PETITION FOR POLICY EXCEPTION

Current and former Saybrook students (hereafter referred to a "petitioner") may petition for exception to selected institutional policies when facing an extenuating circumstance that they believe merits special consideration. Policy exception requests are evaluated by the Petition for Policy Exception Committee, a body comprised of faculty and staff. Petitioning does not guarantee that a policy exception will be granted. A decision issued by the Petition for Policy Exception Committee is final and cannot be appealed.

For the purposes of this policy, an extenuating circumstance is defined as a documented serious medical issue such as illness or injury of the student; a documented death, serious injury, or severe illness of a primary family member (spouse or partner, child, parent or guardian, grandparent, or sibling); or similar. Documented institutional errors may be petitioned using this form.

Standards for Submission

- **Limitations:** Policies including but not limited to appeal of a disciplinary decision, appeal of a final grade, modifications to the curriculum or timeframe of a degree program, or a request for an exception to academic department policy may not be petitioned. This process may not be used to request disability accommodations.
- **Fees:** Institutional fees including but not limited to Student Institutional Service, Payment Plan Enrollment, and Late Payment, may not be petitioned. The study abroad program fee may be petitioned with contingencies.
- **Tuition Forgiveness:** Courses dropped after 60% of the term/semester has expired are eligible for up to 50% maximum tuition forgiveness only. Tuition forgiveness may result in funds being returned to a lender or in a credit applied to the petitioner's account. A petitioner should consult with Financial Aid, where applicable, prior to submitting a petition in order to determine which outcome is preferred.

Supporting Documentation: Relevant supporting documentation is required for all petitions.

- **Signatures:** The petition must be signed by the Department Chair and Course Instructor of record (if applicable). Additional signatures may be required depending on the requested exception.
Signatures must be applied to the petition before it is submitted.
- **Submission:** All petitions must be signed, dated, and **submitted by the petitioner**. Petitions submitted by other parties will not be accepted. This petition form and all supporting documentation must be submitted as one document. Documentation submitted as a separate file from the petition form will not be accepted.

Submission Deadline

All petitions must be received by the Add/Drop deadline of the term/semester following the one in which the incident giving rise to the petition occurred. The Add/Drop deadline is posted on the [Academic Calendar](#).

The completed petition and supporting documentation must be submitted to petitions@saybrook.edu.

Petitioner Instructions

Complete this form in its entirety, including signing and dating. Gather and organize your supporting documentation to explain and justify your request. Submit all materials with written narrative by the deadline to petitions@saybrook.edu for consideration.

| | |
|-----------------------------------|--|
| NAME: | |
| EMAIL: | |
| PHONE: | |
| TERM AND YEAR OF INCIDENT: | |
| DEGREE LEVEL: | |
| PROGRAM: | |

COURSES DROPPED (if applicable)

| Course Code | Course Section | Course Title | Credit Hours | Course Instructor of Record |
|-------------|----------------|--------------|--------------|-----------------------------|
| | | | | |
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REASON FOR PETITION (check all that apply):

Extended period of illness or acute medical condition.

*Required: Letter with signature from treating physician on official letterhead that includes the dates of treatment and length of hospital stay or description of restricted activity (e.g., prohibited from attending school)

Death in your immediate family. *Required: Copy of death certificate or service program.

Institutional Error: *Required: Detailed description of error.

Other (please specify):

DESIRED OUTCOME (check all that apply):

Assign a "W" Grade

Correct Institutional Error (*Explanation required): _____

Financial Outcomes:

Forgive student balance (must enter exact dollar amount)

Forgive Tuition

Other (please specify): _____

If approved, select the preferred refund method:

Authorize credit to remain on Saybrook Student Account

Return funds to lender

Issue credit to student via check or ACH

Write a narrative summary of your request on a separate sheet and attach your supporting documentation to the back of this form. Submit your petition as one document.

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------|
| ACADEMIC DEPARTMENT AND OTHER SIGNATURES: You may request signatures from your Course Instructor of Record (if applicable) and Department Chair. If you are petitioning to extend the timeframe of an Incomplete grade, you must obtain the signature of your Course Instructor of Record. Signatures must be applied to your petition before it is submitted. | | |
| <input type="checkbox"/> Support | Do Not Support | Course Instructor of Record (<i>required</i> for extension of Incomplete): |
| Support | Do Not Support | Department Chair (<i>required</i> for returning student): |
| Comments (attach separate sheet, if needed): | | |
| | | |
| | | |
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PETITIONER SIGNATURE: Sign below to acknowledge:

- I have withdrawn from the courses listed above, where applicable.
- I understand that this process cannot be used to change the curriculum or graduation time frame, appeal a grade, a departmental policy or disciplinary decision.
- I understand that this process cannot be used to request disability accommodations.
- I have provided a detailed explanation of my petition and adequate supporting documentation.
- I agree to allow the Petition for Policy Exception Committee to review all of my records relevant to this petition including my academic, financial aid, registration, medical and other documents.
- I understand that Saybrook University will notify me in writing of the determination made on my petition.
- I agree to pay all non-refundable fees.
- I understand the implications involved with the refund method I selected for financial outcomes.

I have read and understand this petition’s policy and procedure.

STUDENT SIGNATURE: _____ **DATE:** _____

| OFFICE USE ONLY | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|--------|----------------------------|----------------|----------------|
| Committee Decision: | Approved | Denied | No Decision (See comments) | Date Received: | Date Reviewed: |
| Comments: | | | | | |
| | | | | | |
| NOTIFICATION DATES | | | | | |
| Petitioner: | | | Staff Initial: | | |
| Applicable departments: | | | | | |
| <ul style="list-style-type: none"> • Registrar: • Financial Aid: • Student Accounts: • Other: | | | Staff Initial: | | |