



Virginia Tech School of Neuroscience Request for Exception to Policy

Directions: This form should only be used in cases where a student has an extenuating circumstance or valid reason for requesting such an exception. Please provide all requested information for the appropriate petition and submit this form to neuroadvising@vt.edu. You will be notified with the results of your request.

Name:

Student ID Number:

VT Email Address:

Date:

Request to Waive a Pre- or Co-requisite Requirement for NEUR Course



Course Prefix and Number:

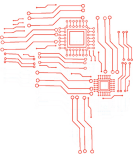
Course Title:

Major: CBNU CNEU EXPN CSNU

Justification: (please attach a second document)

Course Description: (please attach a syllabus and/or course description from the Timetable)

Request for Curricular Course Exception



Request:

Major: CBNU CNEU EXPN CSNU

Justification: (please attach a second document)

Course Description: (please attach a syllabus and/or course description from the Timetable)

Other Request



Request:

Major: CBNU CNEU EXPN CSNU

Justification/Supporting Documents: (please attach a second document)

Course Description (if applicable): (please attach a syllabus and/or course description from the Timetable)