

**Southern Wesleyan University
Request for Exception to Lock Requirement(s)**

"Educators who demonstrate scholarship within a Christian ethic of care"

Student Name _____
(Last) (First)

Admission Level Lock I Lock II Lock III

Description of Request:

Reason for Request:

Student Signature _____ Date _____

If you are an athlete requesting an exception to the completion of your course work prior to the Clinical Experience, attach your proposed completion sequence.

Do Not Write Below This Line

School of Education Faculty Action:

- Approved
 Not Approved

Reason for Non Approval:

Dean, School of Education or Designee

Date