

PEPPERDINE | SCHOOL OF PUBLIC POLICY



Professional Judgment Exception Form

Student Name: _____

Student CWID Number: _____ Academic Year: _____

Please list the student's situation and your recommendation of change for the Financial Assistance package. Be sure to include supportive details and documentation.

Student Situation:

Advisor's recommendation:

Print Name

Signature of Advisor

Date

Signature of Approval

Date

Form must be signed/approved by the senior director of student services.