



Degree Exception Form

Legal Last Name:	Legal First Name:	MI:
Department:	Division:	
Recommended Rank:	Effective Date:	
Highest Degree:	Discipline:	

Course Number:	Course Title:
----------------	---------------

Supporting statements and recommendation for exception (CV must be Attached):

Approval Signatures:

Academic Director's Signature:	
Print Name:	Date:

Associate Dean's Signature:	
Print Name:	Date:

Dean's Signature:	
Print Name:	Date:

*Please submit this request with all supporting documents as a **single PDF file** to sps.facultyaffairs@nyu.edu at least one month before anticipated hire date.*

Offers of appointment at any rank cannot be made without official approval.