



UNDERGRADUATE & VISITING STUDENTS

SPECIAL REQUEST

After endorsements have been obtained, present completed form to the Records & Registration Office.

Seniors only: Have you applied for graduation? Yes No

Student ID Number

Name: (Please print) Last First Middle Initial Major: Present Address: City & State: Zip: Phone: E-mail:

What course and term are involved, if any? COURSE: TERM: SPECIAL REQUEST WITH JUSTIFICATION: (Attach separate sheet if more room is needed) Student Signature Date

ENDORSEMENTS: INSTRUCTOR (For course requirements) Instructor comments: Never Attended Is/Was Passing Is/Was Not Passing Instructor Signature Date

ADVISOR Advisor comments: Recommended Not Recommended Advisor Signature Date

CHAIR OF MAJOR DEPARTMENT Chair of Major Department comments: Recommended Not Recommended Chair of Major Department Signature Date

COLLEGE DEAN OF YOUR MAJOR College: Dean comments/Action needed: Approved Not Approved Dean Signature Date

ASSOCIATE PROVOST (IF REQUIRED) Comments/Action: Approved Not Approved Associate Provost Date

Processed by: Date: 148 Other