

Special Request Form



After endorsements have been obtained, present completed form to the Graduate School.

800 # _____

Name: _____ Academic Program: _____
(Please print) Last First Middle Initial

Present Address: _____ City & State: _____ Zip: _____

Phone: _____ E-mail: _____

What course and term are involved, if any? COURSE #: _____ SECTION #: _____ TERM: _____

STATE SPECIFIC REQUEST AND PROVIDE JUSTIFICATION:

(Attach separate sheet, and documentation, if more room is needed)

Student Signature

Date

ENDORSEMENTS:

1. INSTRUCTOR

Instructor comments: _____

☐ Never Attended ☐ Is/Was Passing ☐ Is/Was Not Passing

Instructor Signature

Date

2. GRADUATE COORDINATOR or PROGRAM ADVISOR

Comments: _____

☐ Recommended ☐ Not Recommended

Coordinator or Advisor Signature

Date

Phone #

3. CHAIR OF DEPARTMENT

Comments: _____

☐ Recommended ☐ Not Recommended

Chair Signature

Date

4. IF YOU ARE PREPARING FOR TEACHER LICENSURE, YOU MUST CONSULT THE COLLEGE OF EDUCATION

Comments: _____

☐ Recommended ☐ Not Recommended

Associate Dean, College of Education

Date

FINAL CONSIDERATION:

ASSOCIATE DEAN OF THE GRADUATE SCHOOL

Comments/Action: _____

☐ Approved

☐ Not Approved

Associate Dean Signature