

The student must submit this form to the Office of the Vice President for Academic Affairs when requesting special consideration that would constitute an exception to present academic policy.

1. Student's Name: _____

2. I.D. #: _____

3. Phone/Address (Campus Phone or box if applicable):

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

4. Date of Request: _____ 5. Advisor: _____

6. Class (freshman, etc.): _____

7. Intended date of Graduation: _____

8. Grade Point Average: _____

9. Nature of Request:

Permission to register for overload (Have you ever previously enrolled in any of the courses which create an overload now?)

If overload, how many hours do you wish to carry?

Permission to take a Course by Arrangement (How many credit hours have you accumulated to date for arrangement course credit?)

Permission for Course Substitution (Have you at any time previously enrolled in the course for which you now wish a substitution?)

Permission to test for Proficiency Credit.

Other (Please specify): _____

10. Please list all courses in which you are presently enrolled:

11. Reason for request: _____

12. Advisor's Signature: _____; Approval Disapproval

If Disapproval, explanation:

13. Dean's Signature: _____; Approval Disapproval

If Disapproval, explanation:

DO NOT WRITE BELOW THIS LINE

This space is for the use of the Vice President for Academic Affairs and/or the Academic Affairs Committee.

DATE REQUEST RECEIVED: _____ DATE OF ACTION ON REQUEST: _____

ACTION TAKEN & SIGNATURE:

This section is **only** to be completed by students seeking approval for remote learning due to COVID related circumstances.

*Students are encouraged to include documentation from a medical provider to support concerns related to COVID and the desire for remote instruction.

Do you have access to high speed internet in your home? Yes No

Do you currently own a computer? Yes No

Briefly describe your experience with remote or online learning:

Course for which you are seeking remotes learning: _____

A separate sheet must be completed for each course for which you are seeking remote instruction.

Course number: _____ Section: _____ Instructor: _____

Current grade: _____ Number of absences this term: _____

Instructor Signature: _____

Instructor comments (at discretion of faculty member):