

## SPECIAL REQUEST FORM



Records Office  
One Angwin Avenue  
Angwin, CA 94508  
(707) 965-6673  
(707) 965-6432 Fax

### Student Information

Date of Request: \_\_\_\_\_ PUC ID: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

PUC email address: \_\_\_\_\_@puc.edu

Major: \_\_\_\_\_

Class Standing (*Circle one*): **Freshman** **Sophomore** **Junior** **Senior** **Graduate**

### **Required: Attach your typed request to this sheet.**

Explain your request. Include the reason why you are requesting an exception to policy and describe the exceptional circumstances that warrant this request.

*Your typed request should be clear and should use correct grammar and spelling.*

*If relevant, attach documentation that supports your case.*

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### **Required: Review the request with the appropriate faculty member** (*department chair or course instructor*).

I have reviewed the attached request with the student and I:

- Fully support this request
- Support this request with reservations
- Do not support this request

*Please explain:*

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*Signature of department chair or course instructor*

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The student should submit the completed request to the Records Office. The request will be considered by the Registrar, the Academic Dean and/or the Academic Standards and General Education Committee. The Records Office will notify the student of the final decision.

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### **Decision Rendered:**

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_