

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 a clear explanation of the exception to policy you are requesting, the reason you are requesting this exception, 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.

As appropriate: 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:

Signature of department chair or course instructor

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.

Decision Rendered:

Date: _____

Approved: _____

Denied: _____