

Instructions

- 1. The student requests the Special Enrollment Permission Request form from a Counselor/Faculty Advisor.
- 2. The student completes the form and check the appropriate box that matches the request.
- 3. Student explains why special permission is being requested in space provided; attach additional information and/or documentation, if applicable, and submits form to a Counselor/Faculty Advisor.
- 4. The Counselor/Faculty Advisor completed the academic portion and submits the form to the Vice President of Student Services for approval.
- 5. The Vice President will render a final decision and the student will be notified regarding status of request.
- 6. If approved, the student should submit the form to the Office of Admissions for processing.

Date Submitted:	Semester:	Year:	
Name:		S	tudent ID:
		Phone No. #	
Student's Signature			
Request permission for	the following:		
REQUIRES APPROVAL (1 (0	G ' 16)
	e hours (Fall/Spring) or 13		
Refund fultion and Drop after Last Day	fees after the Refund Police		%70%25%
Waiver/Refund of S	30 Registration Fee	s Date)	
Withdrawal after L	ast Day to Withdraw Dead	line*	
File for Graduation			
Reason for request: (Atta	ch additional informatio	n/documentation, if	necessary)
TO BE COMPLETED BY	COUNSELOR/ADVISOR	?:	
Cumulative GPA	Tota	l Hours Completed	
Cumulative Of A	1014	i Hours Completeu _	
□Approved □ Denied			
□ Approved □ Defiled	Vice President		Date
White Copy: Admissions Off	ice		Yellow Copy: Studen