

Please bear down with ball-point.
You are making multiple copies.

PLYMOUTH STATE UNIVERSITY
Student Request

Plymouth ID# _____

E-mail _____

Print name _____

1st So Jr Sr

HUB suite _____ Local phone _____

Catalog year used for major _____

Home address _____

Catalog year used for minor _____

Degree/Major/Option _____

Catalog year used for General Education _____

Academic Minor _____

If your request refers to particular courses, please identify:

Course ID	Course Title	Instructor	Term/Year
_____	_____	_____	_____
_____	_____	_____	_____

Request : _____

Rationale—requests will not be considered without your rationale: _____

Student's signature _____ **Date** _____

Please obtain signatures as indicated and then submit to the Undergraduate Studies Office for action:

Advisor _____ **Date** _____
Comments: _____ **Recommended**
Not Recommended

Instructor _____ **Date** _____
Comments: _____ **Recommended**
Not Recommended

Chair/Designee _____ **Date** _____
Comments: _____ **Recommended**
Not Recommended

Associate Vice President/Director _____ **Date** _____
Comments: _____ **Approved**
Not Approved