



Graduate Student Request (SR)

Last Name _____ First Name _____

Student ID _____ Cell Phone # _____

Current Degree: ___ EdD ___ DPT ___ EdS ___ CAGS ___ MA ___ MAT ___ MBA ___ MEd ___ MS ___ Prof Cert ___ Ed Cert

Current Major(s) and Concentrations(s):

Major _____ Concentration _____

Major _____ Concentration _____

REQUEST – Provide a brief statement defining WHAT is being requested:

If your request refers to specific courses, please list them below: (If transfer credit is involved, note institution after course title.)

Course Number _____ Course Title/Institution _____ # Credits _____ Instructor _____

Term when course was or will be taken: ___ Fall ___ Winterim ___ Spring ___ Summer Year _____

Course Number _____ Course Title/Institution _____ # Credits _____ Instructor _____

Term when course was or will be taken: ___ Fall ___ Winterim ___ Spring ___ Summer Year _____

RATIONALE – Requests will not be considered without supporting rationale: (Attach additional sheets as needed.)

Student Signature _____ Date _____

Please obtain the appropriate signatures and return this form to the registrar's office in Speare via the methods noted below.

Instructor Signature _____ Print Last Name _____ Date _____

Advisor Signature _____ Print Last Name _____ Date _____

Program Coordinator _____ Print Last Name _____ Date _____

Processed by: _____	Date _____	4/2022
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