

Request for Special Consideration: Academic Affairs

ALASKA PACIFIC UNIVERSITY

Student's Name _____ APU ID# _____

Last First M.I

Mailing Address _____

Street or P.O. Box _____

City State Zip

Social Security # _____

Phone # (_____) _____

Home

Phone # (_____) _____

Work

To: Registrar

Request: _____

Reasons with supporting facts: _____

Student's Signature _____

Date: _____

Action:*(See legend below listing types of requests for which this form is to be used and signatures required for each)

1. Instructor's signature _____ Date: _____
I recommend _____ Do not recommend _____ That this request be granted. Comments attached _____

2. Advisor's Signature _____ Date: _____
I recommend _____ Do not recommend _____ That this request be granted. Comments attached _____

3. Dept. Chair's Signature _____ Date: _____
I recommend _____ Do not recommend _____ That this request be granted. Comments attached _____

4. Academic Dean's Signature _____ Date: _____
I recommend _____ Do not recommend _____ That this request be granted. Comments attached _____

5. Registrar's advisory committee approves _____ Does not approve _____ This request.
I recommend _____ Do not recommend _____ That this request be granted. Comments attached _____

Registrar's Signature _____ Comments attached -----

*Legend

Take course work at another institution and transfer credit to APU prior to residency period (Signature 2)

Take course work at another institution and transfer credit to APU during residency period (Signatures 2 & 5)

Waiver of departmental degree requirement (Signatures 2 & 3)

Waiver of General University Requirement (Signatures 2, 3 & 5)

Other – request instruction from Registrar's staff