

CASE WESTERN RESERVE UNIVERSITY
Office of Undergraduate Studies
Sears Building 357

SPECIAL REQUEST

Name _____ I.D. # _____
(Please Print Clearly)

Local Address _____
(Where response will be sent)

Phone _____ E-mail Address _____ Adviser _____

Major(s) _____ Minor(s) _____

Core: A&S CA ENGR WEATHERHEAD NURS Class: FR SO JR SR

Note: If this is a request for an extension of time to make up an incomplete from the previous semester, you MUST attach to this form a memo from the course instructor indicating when the work will be completed and when the grade will be submitted.

REQUEST:

JUSTIFICATION FOR REQUEST:

Student's Signature

Date

Committee Action: Approved Denied

Committee Member Signature

Date