

DEAN'S ACTION REQUEST

Mailbox #: _____

Name: _____ SS #: _____

Address: _____

Year & Division: _____

Work #: _____ Home #: _____

Email Address: _____

**PLEASE GIVE A COMPLETE DESCRIPTION OF THE ACTION DESIRED.
PRINT, TYPE OR WRITE LEGIBLY.**

Student's Signature Date

☐ **Approved**

☐ **Denied**

☐ **Other**

Comments:

- ☐ Please check to ensure you have sufficient residency credits.
- ☐ Please check with financial aid concerning any financial aid implications.
- ☐ Please check with the Registrar's Office to reschedule your exam.
- ☐ Other

Dean of Students' Signature Date

DISTRIBUTION:

REGISTRAR:

Business Office ☐
Financial Aid ☐
Housing/Mailroom ☐
Library ☐
Student ☐
Other ☐

Date Distributed _____

Registrar's Signature Date