

<input type="checkbox"/> Fall	Year
<input type="checkbox"/> Spring	
<input type="checkbox"/> Summer	_____

Windward Community College
Vice Chancellor of Student Affairs Office

SPECIAL REQUEST FORM

NAME: _____ UH ID/Username: _____
Print Last Name, First Name, MI

E-Mail Address: _____ Cell Phone: _____ Other Phone: _____

Receiving Financial Aid for the semester requesting special approval? Yes No FA Initials: _____
Receiving VA Benefits for the semester requesting special approval? Yes No VA Initials: _____

Check the Following Request			Course Information		
Late Add	Late Drop	Refund	5-digit CRN No.	Course Alpha & No.	Instructor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

State Reason: _____

Student Signature: _____ Date: _____

This form must be submitted to the Admissions and Records Office within 3 business days from date of approval. Generally, students are only granted one special request (if any) during their educational career at WCC.

~~~~~ COUNSELOR USE ONLY ~~~~~

Recommend Approval Cumulative GPA: \_\_\_\_\_  
 Recommend Disapproval Last Semester GPA: \_\_\_\_\_

State Reason: \_\_\_\_\_  
\_\_\_\_\_

Counselor/Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~~~~ VICE CHANCELLOR OF STUDENT AFFAIRS ~~~~~

Approved Examples: Waive Fee Add Class Late 100% Refund w/no W 50% Refund w/no W No Refund w/no W
 Disapproved Even Switch Late Drop w/W 100% Refund w/W 50% Refund w/W Accept Late Adm App

Additional Action: _____

VCSA Signature: _____ Date: _____

~~~~~ A&R USE ONLY ~~~~~

\_\_\_\_\_ Add/Drop Fee (if applicable)      \_\_\_\_\_ SHACRSE (Check UAP, Repeat Code)  
\_\_\_\_\_ TGACOMC      \_\_\_\_\_ SPACMNT (if applicable)  
\_\_\_\_\_ EL Status Code (complete withdraw)      \_\_\_\_\_ Business Office (if refund)