



Special Request Form

Name: _____ Cohort: _____

Address: _____

Telephone Number: _____

Please select reason for special request:

- (1) Take Class Out of Order (Include timeframe and dates)
- (2) Retake Class (Reason why)
- (3) Take Leave of Absence (Including Medical or Personal and expected return date)
- (4) Other

Explanation of request: _____

Additional requirement: The student who's request exceeds one year, must follow the readmission policies outlined in the MVC College Catalog and the SON BSN Handbook. Failure to adhere to criteria in the Special Request Form could result in disciplinary action including removal from program.

Student Signature: _____ Date: _____

Faculty Advisor: _____ Date: _____

Faculty Forum: Review date: _____ Approved _____ Not-Approved _____