



## Special Request Form

Name: \_\_\_\_\_ Cohort: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please select reason for special request:

- (1) **Take Class Out of Order (Include time frame 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:

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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 the program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Forum: Review date: \_\_\_\_\_ Approved \_\_\_\_\_ Not-Approved \_\_\_\_\_