

Instructions for Graduate & Post Baccalaureate Student Special Requests

All Students

- Complete the top of the form and SPECIAL REQUEST JUSTIFICATION SECTION. Attach any necessary documentation that substantiates your request. You must provide evidence demonstrating extenuating circumstances that otherwise prevented you from following established rules and procedures.

Post-Baccalaureate Students

- Complete the Special Request justification section and attach any necessary documentation.
- Obtain necessary signatures:
 - Instructor, if it applies to course enrollment
 - Associate Dean of the College of Education, if preparing for teacher licensure
- Submit form to the Graduate School for final consideration by the Senior Associate Dean.

Degree Seeking Students

- Complete the Special Request justification section and attach any necessary documentation.
- Obtain necessary signatures:
 - Instructor, if it applies to course enrollment
 - Graduate coordinator, or program advisor
 - Department chair
- Submit form to the Graduate School for final consideration by the Senior Associate Dean.

Note Concerning Refunds

The *Special Request* form is used to request exceptions to graduate student academic policies for students with extenuating circumstances. The *Special Request* form may not be used to request tuition refunds. If a *Special Request* is approved and the student is interested in requesting a tuition refund, a separate *Appeal for Tuition, Housing, and Dining* form must be submitted to the **Office of Student Accounts**. Subsequent decisions about refunds are independent of this *Special Request* and are based on the *Fee Payment and Appeal Policies*.

See “Tuition Appeal Form” online at www.finance.uncc.edu/Tuition_and_Fees.htm.

GRADUATE & POST-BACCALAUREATE STUDENTS



SPECIAL REQUEST

After endorsements have been obtained, present completed form to the Graduate School.

800 _____
UNC Charlotte ID Number

Name: _____ Academic Program: _____
(Please print) Last First Middle Initial
Present Address: _____ City & State: _____ Zip: _____
Phone: _____ E-mail: _____

What course and term are involved, if any? COURSE #: _____ SECTION #: _____ TERM: _____

STATE SPECIFIC REQUEST AND PROVIDE JUSTIFICATION:

(Attach separate sheet, and documentation, if more room is needed) Student Signature Date

ENDORSEMENTS:

1. INSTRUCTOR

Instructor comments: _____

[] Never Attended [] Is/Was Passing [] Is/Was Not Passing _____
Instructor Signature Date

2. GRADUATE COORDINATOR or PROGRAM ADVISOR

Comments: _____

[] Recommended [] Not Recommended _____
Coordinator or Advisor Signature Date Phone #

3. CHAIR OF DEPARTMENT

Comments: _____

[] Recommended [] Not Recommended _____
Chair Signature Date

4. IF YOU ARE PREPARING FOR TEACHER LICENSURE, YOU MUST CONSULT THE COLLEGE OF EDUCATION

Comments: _____

[] Recommended [] Not Recommended _____
Associate Dean, College of Education Date

FINAL CONSIDERATION:

SENIOR ASSOCIATE DEAN OF THE GRADUATE SCHOOL

Comments/Action: _____

[] Approved [] Not Approved _____
Senior Associate Dean Signature Date