THE COLLEGE OF EDUCATION AND SOCIAL SERVICES Request Form

Student Name		ID#	Date
Local Address			
E-Mail Address		Local Phone#	
CESS Advisor			
Write one sentence which sum format described on the follow request.)	•		
	Stud	ent Signature	
	Advi	isor Signature (Only indicates tha	nt your advisor has reviewed your request)
OO NOT WRITE BELOW T			
- Program Decision		Student Affair	s Committee Decision
Approve	Refuse	Approve	Refuse
Need More Information		Need More Info	ormation
Program Reviewer	Date	Student Affairs Commi	ittee Chairperson Date
Program Reviewer	Date	_	
Program Reviewer	Date	_	
Comments:		Comments:	
Department Chair	Date	_	

Request Form

- 1. State your request on the form and be clear and concise. Then be certain to attach supporting documentation which elaborates on your request and provides Program Reviewers/CESS Student Affairs Committee members with the information necessary to make an informed decision. **This should not exceed one (1) typed page**.
- 2. The supporting documentation should be typed, signed and dated by the student. Be certain to use correct grammar and present information as professionally as possible.
- 3. The student should be certain to keep a photocopy of the request and supporting documentation.
- 4. The completed and signed request should be forwarded to Beth Ann Mohler (528 Waterman) after being reviewed and signed by your advisor. It will then be presented to the Program Reviewers/CESS Student Affairs Committee members for approval/refusal.
- 5. Be sure to check your CATS report online to determine if your request has been approved.

NOTE: Additional information may be requested during any step in the process.