

LAKE LAND COLLEGE

ACADEMIC REQUEST

This form is to be used in accordance with college policies that require special approval from a Division Chair and/or the Vice President for Academic Services. The student making a request should describe the request below and then follow the approval process on the reverse side as defined for the specific request.

Student Name: Student ID#:
Address: Phone Number:
Student Signature: Date:

DESCRIPTION OF REQUEST

The request should include the following:

1. A summary of the request.
2. Reason for the request.

ATTACH ADDITIONAL INFORMATION AS NEEDED.

PLEASE SEEK APPROVAL AS APPROPRIATE FOR THE SPECIFIC REQUEST.

RECOMMENDATION FROM FACULTY/ACADEMIC ADVISOR (AS APPROPRIATE):

Date: Signature:

RECOMMENDATION/APPROVAL FROM ACADEMIC DIVISION CHAIR:

Date: Signature:

RECOMMENDATION/APPROVAL FROM VICE PRESIDENT:

Date: Signature: