Windward Community College
Vice Chancellor of Student Affairs Office

SPECIAL REQUEST FORM

NAME: ___________________________________________ UH ID/Username: ______________________________
Print Last Name, First Name, M.I

E-Mail Address: ____________________________ Cell Phone: ____________________________ Other Phone: __________

Receiving Financial Aid for the semester requesting special approval?  ☐ Yes  ☐ No  FA Initials: _______  
Receiving VA Benefits for the semester requesting special approval?  ☐ Yes  ☐ No  VA Initials: _______

<table>
<thead>
<tr>
<th>Check the Following Request</th>
<th>Course Information</th>
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<tbody>
<tr>
<td>Late Add</td>
<td>Late Drop</td>
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State Reason: ____________________________________________

Student Signature: __________________________________ __________ Date: ____________________

This form must be submitted to the Admissions and Records Office within 3 business days from date of approval. Generally, students are only granted one special request (if any) during their educational career at WCC.

~~~~~~~~~~~~~~ COUNSELOR USE ONLY ~~~~~~~~~~~~~~~

☐ Recommend Approval  Cumulative GPA: __________
☐ Recommend Disapproval  Last Semester GPA: __________

State Reason: ____________________________________________

Counselor/Registrar Signature: ____________________________ Date: ____________________

~~~~~~~~~~~~~~ VICE CHANCELLOR OF STUDENT AFFAIRS ~~~~~~~~~~~~~~~

☐ Approved  Examples: Waive Fee Even Switch Add Class Late Late Drop w/W 100% Refund w/no W 50% Refund w/no W No Refund w/no W Accept Late Adm App
☐ Disapproved

Additional Action: ____________________________________________

VCSA Signature: ____________________________ Date: ____________________

~~~~~~~~~~~~~~ A&R USE ONLY ~~~~~~~~~~~~~~~

Add/Drop Fee (if applicable) SHACRSE (Check UAP, Repeat Code)
TGACOMC SPACMNT (if applicable)
EL Status Code (complete withdraw) Business Office (if refund)

wCC A&R rev 01/30/12