

Student Hardship Request Form

Complete this form and give it to the faculty member teaching the class you desire as soon as possible. If you are a graduating senior, attach a copy of your Graduation Check to this form.

Name(Last, First, Middle): _____

SS#: _____

e-mail addr: _____

Phone No. _____

Alternate Phone No. _____

Year & Quarter of Expected Graduation: _____

Desired Class

(Course No., CRN #, Section and Instructor's Name): _____

My signature is my affirmation that I have successfully completed all of the catalog specified prerequisites to be enrolled in this class. Failure to meet the prescribed prerequisites could result in dismissal from the class at any point in the quarter.

Signature _____ Date: _____

Comments: (Please include any additional supporting information for your request below, such as class conflicts, financial aid unit requirement, international student, etc.)

Please note your request can be accommodated only if there is space available in the class and the instructor is willing to add you to the class.