

LOUISIANA STATE UNIVERSITY AT EUNICE
STUDENT "SPECIAL PERMISSION" FORM

DIVISION: _____ *Form Issued to Student on* _____

This form is to be completed by students who are seeking special permission or who are asking for an exception to the enforcement of normal University academic regulations. Such requests are reviewed and acted upon by the student's Advisor, Division Head and/or Vice Chancellor for Academic Affairs.

Consider the following points before preparing your request:

1. Exceptions to the enforcement of normal academic regulations are granted only in cases where you can clearly demonstrate an inability to comply with the normal regulation(s). You must be able to show that the circumstances that prevented you from following the regulation(s) were unavoidable and could not be anticipated.
2. Please include a brief narrative summarizing your claim. Verify your claim with supporting documents such as medical records, accident reports, letters from individuals familiar with your problem (doctors, lawyers, professors, psychiatrists, etc.). Claims of this nature will not be considered without supporting documentation.
3. Get all of your documentation together before submitting this request. You should always consult with your advisor prior to submitting a special request.
4. Academic requests will only be considered if submitted in a timely manner. Requests submitted during the last week of class and through final exams will not be considered until final exams have ended.
5. **Requests for special permission** (i.e., to "audit", to take a class on a "pass/fail" basis, to "substitute" a class for degree credit, to register "concurrently" at another institution, etc.) **do not need to be accompanied by supporting documentation.** These requests are approved or disapproved at the Division Head level.

After consulting with your academic advisor, requests should be delivered to your Division Head office (see above) for consideration.

<p>FILING A REQUEST <u>DOES NOT</u> GUARANTEE APPROVAL. IF YOU ARE REQUESTING TO DROP A CLASS OR TO RESIGN AFTER THE DEADLINE, DO NOT STOP ATTENDING CLASS UNTIL YOU KNOW THAT YOUR REQUEST HAS BEEN APPROVED. LIKEWISE, IF YOU ARE REQUESTING TO REGISTER LATE OR TO ADD A CLASS AFTER THE DEADLINE, IT IS YOUR RESPONSIBILITY TO MAKE UP ALL COURSE WORK MISSED.</p>

I have read and understand all of the above requirements. I understand that my request will not be considered unless I fulfill these requirements. I understand that meeting all of these requirements in no way guarantees that my request will be granted. I understand that being granted the opportunity to request special permission in no way indicates an endorsement of my claim. I understand that it is my responsibility to verify approval or disapproval of this request by contacting the Vice Chancellor of Academic Affairs' office at (337) 550-1301 (Manuel Hall room 102).

Student Signature _____ **Date** _____

PLEASE COMPLETE THE REVERSE SIDE

STUDENT NAME (last, first, middle)			Social Security #	Student ID #
STREET ADDRESS			DIVISION	
CITY	STATE	ZIP CODE	TELEPHONE NO.	
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I request "special permission" to:
(supporting documentation is not required)

_____ **Audit:**
 Dept./Crs #/Sec. _____

_____ **Receive a Pass/Fail grade in:**
 Dept./Crs #/Sec. _____

_____ **Enroll concurrently at:**
 Other college: _____

_____ **Substitute the following: (max. two)**
 Dept./Crs # _____ for

_____ **Substitute the following:**
 Dept./Crs. # _____ for

_____ **Waive the prerequisite(s) for:**
 Dept./Crs. # _____

_____ **Other:** _____

_____ **Other:** _____

I request that the following exception(s) to University enrollment regulations be granted for the 20_____ semester/term.
(supporting documentation is required)

_____ **Register after the completion of Late Registration.**

_____ **Add a class after the end of the official schedule adjustment period.**

Dept./Crs #/Sec. _____
 _____ **Change sections after the end of the official schedule adjustment period.**

From: Dept./Crs #/Sec. _____

TO: Dept./Crs #/Sec. _____

_____ **Drop a class after the final date to drop.**

Dept./Crs #/Sec. _____

_____ **Resign after the final date to resign.**

_____ **Other:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

Office Use ONLY

RECOMMEND APPROVAL

RECOMMEND DISAPPROVAL

RECOMMEND APPROVAL

RECOMMEND DISAPPROVAL

APPROVED

DISAPPROVED

 ACADEMIC ADVISOR'S SIGNATURE and DATE

 DIVISION HEAD'S SIGNATURE and DATE

 VICE CHANCELLOR FOR ACADEMIC AFFAIRS SIGNATURE and DATE