

CASE WESTERN RESERVE UNIVERSITY  
Office of Undergraduate Studies  
Sears Building 357

SPECIAL REQUEST

Name \_\_\_\_\_ CWRU ID # \_\_\_\_\_  
(Please print clearly)

Local Address \_\_\_\_\_  
(Where response will be sent)

Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Advisor \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Core:  A&S  CA  ENGR  WEATHERHEAD  NURS Class:  FR  SO  JR  SR

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*Note: If this is a request for an extension of time to make up an incomplete from the previous semester, you MUST attach to this form a memo from the course instructor indicating when the work will be completed and when the grade will be submitted.*

REQUEST:

JUSTIFICATION FOR REQUEST:

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

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Committee Action:  Approved  Denied

\_\_\_\_\_  
*Committee Member Signature*

\_\_\_\_\_  
*Date*