

Academic Request Form

Registrar's Office



SEMESTER REQUEST: Fall Spring Summer Year: _____

The Academic Policies Committee meets the first Tuesday of each month. This form must be submitted to the Registrar's Office at least TWO DAYS prior to be placed on the Agenda.

Student Info

Classification: Freshmen Sophomore Junior Senior

First Name: _____

Last Name: _____

ID Number: _____

Contact Phone: _____

Major(s): _____

GPA: _____

OU Email: _____

ACADEMIC REQUEST(S)

PURPOSE OF REQUEST

Student Accounts: **If additional hours, creates a course overload. Student Accounts must sign the form.**

Signature _____

Date _____

Course Information (if applicable)

Course#	Course Name	Credit	Course#	Course Name	Credit

Signatures

Instructor: Recommended Not Recommended

Signature _____

Date _____

Advisor: Recommended Not Recommended

Signature _____

Date _____

Dept. Chair: Recommended Not Recommended

Signature _____

Date _____

Related Dept. Chair: Recommended Not Recommended

Signature _____

Date _____

School Dean: Recommended Not Recommended

Signature _____

Date _____

Registrar: Recommended Not Recommended

Signature _____

Date _____

Cumulative GPA: _____ GPA (this semester): _____ Earned Hours to Date _____ Current Enrolled Hours _____

Committee Decision:

FINAL DECISION: APPROVED DENIED TABLED REFERRED

Signature _____

Date _____

