

**Academic Services Request Form**

**Print Complete Name:** Click or tap here to enter text.

**Last, Middle Initial, First**

**Student ID #:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Freshman  Sophomore  Junior  Senior  BLS  Non Degree**

**Request:** Click or tap here to enter text.

**Semester Affected:**Click or tap here to enter text. **Graduation Date:** Click or tap here to enter text.

**List Courses & CRN #s Affected:** Click or tap here to enter text.

**Reason for the Request** (please include attached documentation if needed)

Click or tap here to enter text.

**Note: UMW students will receive an email regarding this decision only through their UMW email**

Academic Services Staff Only

**Decision: Approved Not Approved Schedule Appointment**

**Need More Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office of Academic Services Date**