SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
SCHOOL OF BUSINESS

UNDERGRADUATE STUDENT REQUEST FORM

Use for all special requests (i.e. Course substitutions, courses taken out of sequence or without pre-requisites, transferred courses, permission to continue under probationary status)

Name _____ Student I.D. Number _____ Phone _____

Street _____ City _____ State/ Zip Code _____

Major/Specialization _____ e-mail Address _____

Request and Rationale (Please be specific) _____

_____

_____

_____

_____

_____

_____ _____

Student's Signature *Date*

RECOMMENDATION

MAJOR ADVISOR _____

_____

_____ _____

Advisor Signature *Date*

DECISION

APPROVE *DENY*

_____

_____ _____

Program Director Signature *Date*

RETURN THIS FORM TO: *School of Business Student Services , Founders Hall Room 3301*
Campus Box 1186 - (618) 650-3840