

DIVINE WORD COLLEGE, EPWORTH, IA
ACADEMIC ACTION FORM

PLEASE TYPE. Use this form for academic requests only. Follow instructions on reverse.

Name Print/Type _____
 Date _____ Class _____ Semester: Fall _____ Spring _____ Summer _____ Cum GPA _____
 Cur Sem Hrs Enrolled _____ Major _____ Proj Grad Date _____

REQUEST:

REASON:

Student Signature _____

COMMENTS BY FACULTY ADVISOR:

Faculty Advisor Signature _____

COMMENTS BY FORMATION DIRECTOR:

Formation Director Signature _____

RECOMMENDATION BY: Instructor/Program Chair/VP-Academic Affairs/Committee/Faculty Advisor (circle one)

Signature _____ Title _____ Date _____

FOR OFFICE USE: Date received by Registrar Office _____

Verification of Request:
 waive requirement substitute course for Gen Educ
 take summer courses substitute courses for Major req
 Proficiency exam
 other (specify) _____

ACTION: BY: REMARKS:
 Approved Date: _____ VP-Acad Affairs
 Denied Date: _____ Program Chair
 Deferred Date: _____ Comm Acad Affairs
 Student notified Date: _____ Other _____

Copy to: VP-Academic Affairs _____ Advisor _____ Student _____ Student File _____