



JALC REQUEST FOR SPECIAL EXEMPTION

I, _____, ID# _____ request that I be granted an exemption for the following semester(s): _____.

(Circle all that apply)

1. Drop classes with a refund
2. Send a John A. Logan College transcript
3. Delete unofficial withdrawals (AB's) without a refund
4. Delete unofficial withdrawals (AB's) with a refund
5. Other (specify)

Justification _____

Signature _____

Address _____

City, State and Zip Code _____

Phone Number _____ E-mail address _____

_____ **Administrative Use Only—Do Not Write Below This line** _____

1. Retention Facilitator Recommendation _____

2. Financial Aid Recommendation

____ Student did not receive financial aid

____ Student did received financial aid \$ _____ Approve _____ Deny _____

Approve _____ Deny _____

4. Dean of Student Services

Dean of Student Services _____ Date _____

3. Is there a grade change involved?

____ No (Go to 4)

____ Yes (Send to Dean of Instruction)

Approve _____ Deny _____

5. Vice President of Administration

Approve _____ Deny _____

Date _____

Dean of Instruction _____

Vice President for Administration _____