



John A. Logan College Special Exemption Request

(Please print clearly)

JALC Student ID _____

_____	_____	_____
Last Name	First Name	Middle Initial

_____	_____	_____	_____
Street	City	State	Zip Code

Telephone/Cell Number _____ DOB (MM/DD/YYYY) _____

E-Mail Address _____

Prior Name(s) _____

I request that I be granted an exemption to:

_____ Drop a course(s) with a refund _____
 (List courses and semester)

_____ Withdraw from a course(s) without a refund _____
 (List courses and semester)

_____ Send my official transcript _____
 (Address to send transcript)

_____ Other request _____
 (Please describe)

Justification _____

_____ Student Signature

_____ Date

-----Administrative Use Only-----

Recommendation of Retention Facilitator: _____

Financial Aid: _____ student received FA _____ student did not receive FA

Approvals: _____
 Dean for Student Services Date Vice President for Instruction Date