

Date Presented _____

**ACADEMIC AFFAIRS OFFICE
STUDENT SPECIAL REQUEST FORM**

Student Name _____ Student ID# _____

Address _____ Phone Number (_____) _____

_____ Expected graduation semester _____

E-mail address _____ Major _____

Submit this form **after** you have applied for graduation. Attach your completed **MAJOR APPLICATION FORM** and the **results** of your **PRELIMINARY GRADUATION EVALUATION FORM** to the Office for Academic Affairs, AS-209, St. Cloud State University, St. Cloud, MN 56301

Waiver of Graduation Requirements (Preliminary graduation evaluation is available in AS-118).

- _____ 1. 30 semester hours of credit in residency.
- _____ 2. 30 upper-division (300-400) semester hours of credit from SCSU graded A-F to graduate with Honors from SCSU.
- _____ 3. Waive _____ credits of 45 semester credits from upper-division (300-400) level courses to graduate with bachelor's degree.

Registration Requirements

- _____ 1. Students must apply for major if they have 80 credit hours.

Other (Please explain your request in detail—use reverse side if necessary.)

Adviser's Recommendation: (Please include a rationale. Attach additional sheets if necessary.)

Request has been: _____ Approved _____ Denied

Adviser's Signature

Signature of Academic Affairs Office

Date