



## **APPLICATION FOR SPECIAL CLASS**

**(For UG and GS STUDENTS)**

**PLEASE PRINT**

PERSONAL INFORMATION		ACADEMIC INFORMATION							
LAST NAME		ID NUMBER							
FIRST NAME		COLLEGE							
MIDDLE NAME		PROGRAM							
CONTACT INFORMATION		UNITS STILL REMAINING	_____ Units						
ADDRESS		GRADUATING?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
TEL. NO.	(     )	SPECIAL CLASS APPLIED FOR							
MOBILE NO.	(     )	COURSE				UNITS			
EMAIL		WHEN?	TERM S 1 2 3 AY _____						
APPROVAL (ACCOMPLISH IN SEQUENCE)		REASON FOR SPECIAL CLASS							
COLLEGE	SIGNATURE OF VICE DEAN		1						
DEPARTMENT	<i>I am appointing (faculty) —</i>								
Days ____ Time ____ Room ____									
SIGNATURE OF CHAIR / COORDINATOR		2		SIGNATURE OF STUDENT					
SIGNATURE OF FACULTY MEMBER		3		FOR OUR USE ONLY					
TERMS AND CONDITIONS									
<p>1. This form must be accomplished in triplicate (3 copies) and submitted to the Enrollment Services Hub when all necessary signatures have been completed. Application forms with incomplete signatures will not be accepted for processing. The sequence of signatures must be followed.</p> <p>2. The application for special class shall be deemed final and valid upon inclusion in the account of the student among the enrolled courses for the term. It is therefore important for the student to secure a copy of the Student Enrollment Record/Enrollment Assessment Form with the special class indicated thereon.</p> <p>3. No application for special class will be processed after two (2) weeks from the start of the term.</p>									