FORM SP
Revised 10/2010

DIVINE WORD COLLEGE, EPWORTH, IA
ACADEMIC ACTION FORM

PLEASE TYPE. Use this form for academic requests only. Follow instructions on reverse.
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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
____ take summer courses
____ Proficiency exam
____ other (specify) _____
_____

_____ substitute course for Gen Educ
_____ substitute courses for Major req

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 _____