VASSAR COLLEGE

COMMITTEE ON LEAVES AND PRIVILEGES

Request for Special Privilege

Complete this request and return it, along with all the necessary accompanying information, to the Committee on Leaves and Privileges Office, Main N128.

Name_________________________________ Date________________

Student ID# ________________________ Class ______ Major __________

Box # __________ Phone _____________ E-mail _____________________

(Students petitioning to CLP must have e-mail)

PLEA

CHECK THE CATEGORY OF REQUEST THAT APPLIES TO YOU:

_____ 1. To elect more than 5.0 units: You must submit a list of proposed courses. Overloads are not sufficient reason for academic relief.

_____ 2. To elect less than 3.5 units in a semester: submit a list of proposed courses. Is this a one-semester request or an ongoing situation? Explain in detail.

_____ 3. Acceleration Plan: Submit field of concentration card, showing acceleration plan, signed by your adviser.

_____ 4. Slash/dash courses: to elect the second semester of a slash (a/b) course without the first semester OR to elect a hyphenated (a-b) course for one semester only.

_____ 5. Other:_____________________________________________________

For what semester(s) are you making this request?

_____ fall  _____ spring  _____ summer

Students requesting a double major must use the CLP Double Major Request Form
Please state your request as completely as possible. **To have an overload request processed you must list all courses as follows:** division, course number, section, and course name, amount of credit. Please note, you must register for all music courses, including yearlong, half credit courses, each semester.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please state your reason(s) for making this request as completely a possible: __________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Academic Advisors and Department or Program Chairs are requested to supply comments or state reservations:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Advisor’s signature: __________________________ Please print name: __________
(For all requests)

Chair’s Signature: __________________________ Please print name: __________
(For categories 4, 5, 6)