



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)

PLEASE 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)