



Office of the Dean • Graduate School-Newark  
University Heights • Newark • New Jersey 07102-1801 • USA  
Tel. 973/353-5834 • Fax 973/353-1191

## SPECIAL REQUEST FORM

Occasionally it is necessary to request that a graduate student be exempt from routine procedures. Please use this form to document the circumstances necessitating the request. Submit this form to the Office of the Graduate Dean for authorization. Please note: If waiver of penalty fees is involved, the special request must be made to the unit administering that fee and not to the Dean.

**STUDENT** \_\_\_\_\_  
*Name* *Student Number*

**ADDRESS** \_\_\_\_\_

**GRADUATE PROGRAM** \_\_\_\_\_

**DATE OF FIRST ADMISSION** \_\_\_\_\_

**DEGREE SOUGHT** \_\_\_\_\_ **FULL TIME** \_\_\_\_\_ **PART TIME** \_\_\_\_\_

**TERM** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**REQUEST:**

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**REASON FOR REQUEST** \_\_\_\_\_

**PROGRAM DIRECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVED  NOT APPROVED

**GRADUATE DEAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVED  NOT APPROVED