

Student Request Form

Student Name & ID #:

Date:

Phone #:

Email:

Mailing Address:

Please explain your request and indicate reason (attach supporting documents if applicable):

This form will be shared with DULA University's Academic Committee. The committee will decide if the request will be granted. Result are reported back to you by the Student Services Coordinator.

By signing below, I declare that the information in this request form is true and complete, and any attached documents will not be returned back to me. I understand that any misinterpretation of information may result in disciplinary actions, in accordance with University's disciplinary policies.

Student Signature: _____ Date: _____