dongguk UNIVERSITY LOS ANGELES
School of Oriental Medicine

Dongguk University Los Angeles
440 Shatto Place, Los Angeles, CA 90020
Tel : 213 487-0110
www.dula.edu

PETITION FOR SPECIAL CONSIDERATION

Date:
Contact Name of Representative:
Contact Email of Representative:
Contact Phone of Representative:

Name of Students who bring this petition:

_____
_____
_____
_____
_____
_____
_____

Petition / Request:

_____
_____
_____
_____
_____

Reason to Consider for the above Petition / Request:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

dongguk UNIVERSITY LOS ANGELES
School of Oriental Medicine

Dongguk University Los Angeles
440 Shatto Place, Los Angeles, CA 90020
Tel : 213 487-0110
www.dula.edu

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Student's Representative Signature: _____ Date: _____

For Official Use Only

Approval Status:

☐ YES
☐ NO

Request for additional files: _____

Dean of Academic Affairs Signature: _____ Date: _____