



STUDENT REQUEST FORM

(PLEASE PRINT NEATLY)

PLEASE COMPLETE THE INFORMATION BELOW (*Required Fields):

Date*: _____

Name*: _____ **SSN (*last 4 digits are required*)*:** _____

Program*: _____

Start Date*: _____

Phone Number*: _____

E-Mail*: _____

VALID EASTWICK COLLEGE E-MAIL MUST BE PROVIDED

I REQUEST THE FOLLOWING:

Change to (Check One) Day Evening _____ Program

Exemption from: _____

Meeting with the Dean of Academics

Reason: _____

Withdrawal from the program

Reason: _____

Other (If you need more space, please use the back of this form) :

STUDENT SIGNATURE* _____

By signing this form, I authorize the school to respond to this request by contacting me directly, by phone, mail, or e-mail.

OFFICE USE ONLY

Date Request Received: _____

Comments:

Administrator Signature: _____ **Follow-up Date:** _____