



Santa Monica College

REQUEST FOR SPECIAL CONSIDERATION

Request to be initiated through SMC Counseling Services

LAST (PLEASE PRINT)	FIRST	MIDDLE	DATE
STUDENT I.D. #	PHONE NUMBER	*E-MAIL	DATE OF BIRTH

Counselor: _____ Semester/Session of request: Fall Winter Spring Summer

Student is in one of the following program(s): DSPS EOPS F-1's Athletics Cal Works TRIO Veterans Other _____

Briefly state the nature of your request. Be specific – ex. I am requesting to repeat Math 31 in Spring 2013

Describe how your circumstances have changed to warrant an exception to SMC Rules and Regulations related to your request. Additional documentation may be attached.

State your major or educational goal and expected date of transfer or degree or certificate completion:

Please list courses planned in upcoming term:

STUDENT'S SIGNATURE	DATE
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COUNSELOR COMMENTS: (OPTIONAL – to be completed after Counseling Session)

*Committee Decision: APPROVED DENIED PENDING

*You will receive the Committee's decision by e-mail to your SMC e-mail address within 7 business days

Date: _____