



DES - Special Request

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General Information:

Full Name: _____ UO ID: _____
 Email: _____ Phone: _____
 Major: _____ Overall GPA: _____
 Advisor: _____ Current Term/Year: _____

Special Request:

Type of Request:	Credits:	Term(s) Impacted:
<input type="checkbox"/> Summer School Funding		N/A
<input type="checkbox"/> Reduced Credits (for last term only)		
<input type="checkbox"/> Stop-Out (up to 3 terms)		Duration:
<input type="checkbox"/> Returning to UO		

Reason for Request:

Student Signature: _____ Date: _____

CMAE Advisor Signature: _____ Date: _____

Updated Excel: Sent to OFA: