

UT MARTIN GRADUATE STUDENT SPECIAL REQUEST FORM
Only one type of request per form (Rev 7/06)

Name _____ ID _____ Date _____
 Address _____ City, State _____ Zip _____
 Cum GPA _____ Advisor _____ Major/Concentration _____

Circle Type of Request Below	Follow Instructions Below. If not excluded below, will require approval by the Graduate Council as well as the College Committee.
Substitution	Provide information below about course(s) completed and what required course it/they should substitute for. Does not require Council/Dean of Graduate Studies approval.
Transfer Credit (specify institution) _____	Provide course information below. If there is no equivalent course, identify discipline and course level. <u>Attach copy of course description from catalog of transfer institution.</u> Official transcript must be on file in Graduate Studies Office. NOTE: Acceptance of this request prior to the semester in which you graduate is provisional since coursework more than six (6) years old may not be applied toward a master's program. Requires College Committee and Graduate Council approval <u>only</u> if request exceeds transfer credit rules in catalog—see Academic Regulations, Transfer Credit.
Extension of Time	Provide information below for course(s) taken. If approved, the method for validating course(s) that are older than six (6) years must be by <u>Written Examination(s)</u> . The examination for each course must be filed in Coordinator's Office. Validation will occur by (specify date): _____.
Other _____ (specify type)	Under "COMMENTS," explain nature of the request and why it should be approved.

COURSE(S) TAKEN:

1. _____ (_____) _____
 Discipline Abbrev. Course # Course Title (abbreviate if necessary) Sem. Hrs. Term/Yr. Grade
 substituted for/equivalent to: _____ (_____) _____
 (circle one of above) Discipline Course # Course Title (abbreviate if necessary) Hrs.

2. _____ (_____) _____
 Discipline Abbrev. Course # Course Title (abbreviate if necessary) Sem. Hrs. Term/Yr. Grade
 substituted for/equivalent to: _____ (_____) _____
 (circle one of above) Discipline Course # Course Title (abbreviate if necessary) Hrs.

COMMENTS:

Support _____	Do Not Support _____	Student's signature	Date
Support _____	Do Not Support _____	Graduate Advisor	Date
Approved _____	Disapproved _____	Graduate Coordinator	Date
Approved _____	Disapproved _____	College Committee	Date
		Graduate Council/Dean of Graduate Studies	Date