



**PART I. TO BE COMPLETED BY STUDENT**

Last Name

First Name

Middle Name

UAFS Student ID

Phone

UAFS Email Address

:

**CL** :

%o Fall %o Spring

**CL**

%o i. Illness or Medical Condition (student must enclose valid doctor documentation)

%o ii. Academic Difficulty

%o iii. To Complete Course of Study in Current Term/Final Semester

**I**

**CL**

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