College of Liberal Arts
Special Request Form

Instructions: The top part is to be filled out by the student for consideration by the Dean or Associate Dean of the College of Liberal Arts. Students are responsible for checking back with the Advising Center located in 322 Flowers Hall (512-245-1852) after about five working days. (Please provide a copy of your current schedule for course load overrides.)

Note: P**lease do not write on the back of this form. Additional information may be attached to this sheet.**

Name: _____ TXST ID#: _____

Texas State email address: _____ Local Phone #: _____

Major: _____ Minor: _____

Degree being sought (please circle one): BA BS BAIS BSAS BPA TXST GPA: _____

Student's Request: I respectfully request that _____

_____

_____

Justification for request: _____

_____

_____

I have contacted my departmental advisor (name:) _____ regarding this request
(check one:) ☐by phone ☐in person ☐by email

_____ _____
Signature of Student Date

*****************For office use only. (This part to be completed by Advisor and Dean or Associate Dean.)******************

Advisor's analysis and review: _____

_____

_____

_____

Decision and comment: _____

_____

_____

_____

_____ _____
Signature of Dean/Associate Dean Date

Revised 05/09