

REQUEST TO TAKE GRADUATE CLASSES

Save the completed form, and email it to AcademicOffice@pcci.edu

Name: _____ Date: _____

Degree Seeking: _____ Date Program Began: _____

Institution: _____

Term(s): Pre-term Fall Interterm Spring Post-term Summer

Class start and end dates: _____ to _____

Course #: _____ Title: _____ Credits: _____

Course #: _____ Title: _____ Credits: _____

Course #: _____ Title: _____ Credits: _____

Reduced load needed? Yes No

Decrease requested: 25% 50% 100% OR Hours reduced per week: _____

Time off needed? Yes No From: _____ To: _____

Educational Loan Participant? Yes No **Requesting Income Replacement?** Yes No

Percentage Requested: Maximum Allowed OR _____% (Maximum 67%)

Authorize **Income replacement check** to be sent via ACH using Payroll deposit information.