

University of West Georgia

COE Office of Field Experiences

**HARDSHIP REQUEST FORM**

Date: \_\_\_\_\_

Semester/Year: \_\_\_\_\_  
(i.e. Spring 2019)

Student's Name: \_\_\_\_\_ Student's ID#: 917 \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program/Department: \_\_\_\_\_

Placement Type/Course: \_\_\_\_\_

**REASON FOR REQUESTING HARDSHIP:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(The following is to be completed by the Program Coordinator or Department Chair.)*

The hardship request is:  APPROVED  DENIED

Comments: \_\_\_\_\_  
\_\_\_\_\_

Program Coordinator:

Department Chair:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*(The following is to be completed by the Office of Field Experiences Director.)*

The change request is:  APPROVED  DENIED

Comments: \_\_\_\_\_  
\_\_\_\_\_

Director, Office of Field Experiences:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Notification of change/update:**

Student: \_\_\_\_\_

Dept./Coordinator: \_\_\_\_\_

District/School: \_\_\_\_\_

Tk20: \_\_\_\_\_

Initials: \_\_\_\_\_