



UNIVERSITY OF  
ARKANSAS

DALE BUMPERS COLLEGE  
OF AGRICULTURAL, FOOD & LIFE SCIENCES

Term

Requested Date

## Description of Special Problems

Subject

Catalog Number

Section

Hours

Department

Instructor's Name

Instructor's ID

Session

UACONNECT Number

Student's Name

College

Student's ID

**Description of Special Problem:** (include information regarding required student activities)

Received By:

Date:

Dean's Office Use Only

Processed By:

Date:

**Method of Evaluation of Student Progress and Assignment of Grades:** (include information regarding any quizzes, exams, reports or presentations required, how each will be graded, and how a final grade is calculated)

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Instructor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Department Head Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Dean's Office Approval

\_\_\_\_\_

Date

Please return this form to the Bumpers College Dean's Office (AFLS E-202) prior to the start of the requested term.