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: ________