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 The needs are not critical, or They can utilize other resource 	es to fulfill the need.
•	referred to and connected with the alternate resources.
Please provide the following inform	nation:
í X Full Name:	
î X Student IDNumber:	
ï XPhone Number:	
ð XEmailAddress:	
ñ XClass:	
 à XPleasedescribeyour reques supportingdocumentation) 	t,the circumstanceanditemizeyour expenseswhereappropriate:(Attach
	(Attach additional pags if necessary)
Certification of Accuracy. I havreviewed	Ithe information above and certify, to the best of my knowled, that the
information provided is true and accur	ate.
Submittedby: zzzzzzzzzzzz	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Signature:	<u>zzz</u> zzzz . Da te <u>zz</u> z
TUCVMOfficeof Student Affairs	<u>D</u> ate zzzzzzzz
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Or. Ruby L. Perry	Date
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