Undergraduate Late Application Request for 
Advanced Study/Professional Phase

All applications for Advanced Study and Professional Phase must be submitted by the deadline outlined in the catalog. In extenuating circumstances, exceptions may be made subject to approval by the designated reviewer in the College of Education, Health, and Human Services for those who are late applicants in this process. A late applicant is any student that is applying any time after the scheduled application window for Advanced Study/Professional Phase. All late applicants must complete the late application request. For late applications to be considered for Advanced Study/Professional Phase, the student must meet all major specific requirements that have been set forth by their program area. These requirements are listed on the checklist that was provided to the student by their Academic Advisor in the Vacca Office of Student Services.

Process for completing the late application request:

1. Student completes the late application request form below.
2. Student schedules appointment with their assigned Academic Advisor to complete the “Academic Advisor” portion of the student’s request form.
3. Student’s Academic Advisor submits the student’s completed late application request form to the designated reviewer (see below).
4. Designated reviewer completes review process of these request forms and notifies the student, Director of Undergraduate Academic Advising, Academic Advisor and Senior Academic Program Specialist of the decision.
5. **Approved Request(s):**
   A late application is submitted on their behalf by their Professional Academic Advisor in the Vacca Office of Student Services.
   
   A late application is processed by a Senior Academic Program Specialist in the Vacca Office of Student Services.

   **Denied Request(s):**
   The late application request form is scanned into the student’s KSU Advising record by a Senior Academic Program Specialist in the Vacca Office of Student Services.

*Designated Reviewers*:
Director of Educator Preparation, Advanced Study
Undergraduate Associate Dean, Professional Phase

**Directions for applicant:**
Schedule an advising appointment to meet with your Academic Advisor. Before your appointment, complete the “Applicant Portion” of the request form below. During your appointment, request that the advisor complete the “Advisor Portion” of the request form.
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Section 1: To be completed by Applicant:

Name: _______________________________  Student ID: _______________________________

Date: ___________________  Email: _________________@kent.edu  Phone: ____________________

Major: _______________________________

I am requesting that the late application request be considered for Advanced Study/Professional Phase for the reason(s) cited below. (Please be as specific as possible, including any supporting documentation that you may feel necessary.)

Reason for request:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

I understand that this exception may not be granted and the final decision will be made by a designated reviewer.

__________________________________________  __  __________________________
Student Signature  Date
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Applicant Name: _________________________________          Student ID: ______________________

**Internal office use only**

Section 2: To be completed by Academic Advisor:

Comments:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

☐ Meets all Advanced Study/Professional Phase requirements

________________________________________ _________________________
Academic Advisor Signature Date

Section 3: To be completed by Designated Reviewer:

☐ Approved Request
☐ Denied Request
☐ Consulted Program Coordinator (For Selective Admission programs)

Comments:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

________________________________________ _________________________
Designated Reviewer Signature Date