

Request to Exceed Full Time Course Load

| Name: | | Student ID: | | | | - |
|-----------------------------|--|--|---|-------------------|---------------------|------------------|
| Address: | | | | | | |
| Class Year: | Senior | Junior | Sophomore | Freshman | | |
| Contact Informatio | n: Phone Email | | | | | |
| COURSE LOA | AD | | | | | |
| The load for a full the | me student is 12-18 llege cumulative GP | hours per semeste A of 3.0 or greater | er. Any students wish | ing to enroll for | more than 18 sem | ester hours must |
| Request to Exceed 1 | Full Time Course Lo Dean and Vice Pres | ad to their Faculty | y petition to enroll for Advisor. If Advisor a ic Affairs for final app | approval is gran | ted, the request is | sent to the |
| Term: | | | _ | | | |
| Course Schedule fo | r Term | | | | | |
| | | | | | | |
| Cumulative GPA | | | | | | |
| Rationale for Reque | est | | | | | |
| | | | | | | |
| Student's Signature | | | | Date | | |
| Faculty Advisor's Signature | | | | Date | | |
| College Dean's Signature | | | | Date | | |
| Academic Dean's S | | | Date | | | |

Additional tuition is charged for each hour in excess of 18.