

Request to Exceed Maximum Semester Hours
(16 for Fall & Spring; 6 hours for Summer)

Name of Student:	Classification:
Cumulative GPA:	
Projected Graduation Date:	

Semester Involved:
List of courses requested and number of hours for each course:
1.
2.
3.
4.
5.
6.
Total Hours Requested:

Student Signature:
Date:
Student Comments:

Review of Student Records:
Comments:
Approved _____ Disapproved _____
Signature: _____
Date: _____
Student record adjusted: