

## Undergraduate Request to exceed 21 credit hours

### Student Information

Student Name	Date
Student ID	Phone Number

**Explanation to be written by advisor or student**

*Special consideration may be given to students with extenuating circumstances who are in their final semester.*

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**Courses requested to be added**

	Semester/Year	Class Number	Course Subject	Catalog Number	Section	Permission Number*
Example	Spring 2011	12345	ART	100	007	123456

*\* If this course is full, you must also obtain a permission number from the instructor/department of the class.*

Total Semester Credits Requested \_\_\_\_\_

Include the following documents with your request:

- Academic Advisement Report



Advisor signature	Date
Student signature	Date

REGISTRAR'S USE ONLY