



# Request to Exceed 21 Credit Hours

## Student Information

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Student Name

Phone Number

Student ID

## Explanation for Request

Reason provided by the advisor or the student. Special consideration may be given to students with extenuating circumstances who are in their final semester.

## Requested Courses

Semester/Year	Class Number	Subject	Catalog Number	Section	Permission Number*

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

Total semester credits requested: \_\_\_\_\_

Include a copy of your academic advisement report with your request.

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Advisor—Print Name and Sign

Date

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Student Signature

Date

Registrar's Use