

PETITION TO CARRY EXCESS HOURS IN ONE SEMESTER

It is the student's responsibility to file this form with the Office of the Registrar, 11 Swords Hall.

ID Number: _____ Name: _____
Last First Middle

College: _____ Curriculum: _____ Overall GPA: _____ Previous semester GPA: _____

Total Hours Completed To date: _____ Hours completed in previous semester: _____

Are you taking any courses for credit at any other institutions? No Yes

If yes, where? _____ Number of semester hours: _____

I am requesting to carry excess hours in the following semester(s):

Fall Semester: _____ hours	Fall Session 1: _____ hours	Fall Session 2: _____ hours
Spring Semester: _____ hours	Spring Session 1: _____ hours	Spring Session 2: _____ hours
Summer Semester: _____ hours	Summer Session 1: _____ hours	Summer Session 2: _____ hours
May Interim: _____ hours	January Interim: _____ hours	

Total hours for the term (including all Semester and/or Session hours): _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

College Dean Signature: _____ **Date:** _____