



PETITION TO WAIVE THE 24HR MAXIMUM PER TERM

Student Name _____ ID # _____

Major _____ Semester _____ # of hours requesting _____

Course Title _____ Course Number _____

Additional course load may be granted based on extraordinary circumstances. Please justify why we should allow you to take more than 24 hours: _____

Do you feel that there will be any academic problems as a result of this increased course load?

STUDENT SIGNATURE

DATE

Decision: _____

Reason: _____

Vice President for Student Success and Diversity

DATE