LeBow College of Business

PERMISSION REQUEST FORM TO TAKE OVER 20 CREDITS

Date: __________________

Name: ___________________     ID#: __________________

Classification? (please circle one)
FRESH   SOPH   PRE-JR   SENR

What is your expected graduation date? ______________________

What is your cumulative GPA? _____________  Last Term’s GPA _________

For what term are you requesting permission to take excess credits? ____________

How many total credits are you requesting permission to take? ____________

Why are you requesting permission to take excess credits? ________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I understand that if I am given permission to take more than 20 credits I will be billed an additional tuition fee/per credit hour, above my normal tuition rate. I also understand that should I choose to withdraw from the course, I will still be billed the additional tuition fee/per credit hour. I also understand that the academic dean does not recommend that any student take more than the maximum number of credits in order to not jeopardize a student’s academic success.

Signature: ______________________________________         Date: _______________

Advisor Signature: _______________________________         Date: _______________

Additional Advisor Comments: _____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________