**Excess Course Approval Form**

**This student has requested permission to enroll in 18 or more semester hours**

|  |  |
| --- | --- |
| **Student Name** | **Student ID Number** |
|  |  |
| **Program of Study** | **Term & Year** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Hours** | **Course** | **Hours** |
|  |  |  |  |
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| **GPA:** | **Total Hours Requested** | | |

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Faculty Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VP of Instructional Services Date

**I am signing this document with the understanding that I assume all responsibility if I am not successful in my courses.**

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Signature of Student Date

**Version 1 (November 2020)**