

Reg

Permanent Address \_\_\_\_\_ Tele# \_\_\_\_\_  
\_\_\_\_\_ Cell# \_\_\_\_\_

I am a graduate student. Yes No

I am requesting permission to take a total \_\_\_\_\_ credit hours during \_\_\_\_\_  
Term/Year

I would like to add the following course(s) to my schedule: \_\_\_\_\_  
CRN-SUBJCRSE Credits  
\_\_\_\_\_ CRN-SUBJCRSE Credits

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student must have a minimum overall GPA of 3.00, or at least a GPA of 3.00 on the previous semester, or be completing requirements for graduation during the semester noted above. The course(s) the student is requesting to add to their schedule must be required for their program.

Student's Overall Earned Hours \_\_\_\_\_ Student's Previous Semester GPA \_\_\_\_\_ Student's Overall GPA \_\_\_\_\_

Justification: \_\_\_\_\_

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\* Must attach the Plan of Study (second page) to support justification \*

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Registrar's Office Review: \_\_\_\_\_ Date: \_\_\_\_\_

VP of Academics Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

... Approved ... Denied Explanation if denied: \_\_\_\_\_

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**The request to carry extra hours will not be accepted and will be returned unless this plan of study sheet is submitted along with the request to carry extra hours form.**

Student Name: \_\_\_\_\_