

Undergraduate
Petition to Register
for Over 21 Credits
in a Semester

Student Name:		Student I.D. :	
Current Address:		Current Phone:	
Campus Box #:	SC Email:		
Major/Program of Study:		Advisor:	
Class Year (FR/SO/JR/SR):	Expected Da	ate of Graduat	ion:
I hereby petition for approval to take the hours in this semester:	e following undergraduate co	ourses, which ma	ake a total of 21 or more
<u>Course Number</u> <u>Course Title</u>		<u>S.H.</u>	Semester/Year
Recommendation:			
Major Advisor		Date	
Department Chair		Date	
Approval:			
School Dean			ate

This form must contain all of the required approvals before being submitted to the Registrar's Office.