

COLLEGE OF HEALTH PROFESSIONS

OVER-HOUR PETITION

Maximum hours allowed without approval:

Fall/Spring – 18 hours; May Term – 4 hours; Summer – 7 hours

Please attach your current unofficial transcript & degree plan to process this request

****Approval can take up to 10 business days from submission date****

Please check one: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II Year: _____

Student Name: _____ Student ID# _____

Major: _____ Minor: _____

Expected Graduation Date: _____

Cellular Number: _____ Home Number: _____ Email: _____

Total number of hours currently enrolled: _____ + hours requested: _____ = _____

List courses you plan to enroll in

Course Number & Section (include prefix)	Course Name	Days/Time Offered

List overload course(s) you need to petition for –

Course Number & Section (include prefix)	Course Name	Days/Time Offered

Reason/Justification/Plan of Action for Request

Students' Signature: _____ Date: _____

APPROVED/DENIED BY:

☐ Approved ☐ Denied Advisor _____ Date: _____

☐ Approved ☐ Denied Department Chair _____ Date: _____

☐ Approved ☐ Denied Dean _____ Date: _____

Academic Hours Adjusted by Listserv Date _____