



Maximum Hours Exception Form

Student Name:		CWID:	
Contact Email:		Contact Phone Number:	
Program of Study:		Request Date:	
Semester:		Total Credit Hours Requested:	
Course Information (For desired classes)			
Course Number	Course Name	Credit Hours	CRN
Briefly state the reason for this request			
<p>I understand each of the following statements:</p> <ul style="list-style-type: none"> a. I am requesting an exception to enroll in the semester listed above. b. This request does not alter my financial aid status. I must contact the Office of Financial Aid regarding my financial aid eligibility. <p>An approved request does not guarantee enrollment into a closed class.</p>			
Student Signature:		Date:	
Advisor Signature:		Date:	
School Dean Signature:		Date: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Office of Academic Affairs Use			
Vice Provost Signature:		Date: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	