

**REQUEST TO OVERRIDE UNIVERSITY'S CREDIT HOUR LIMIT POLICY
(MORE THAN 18 HOURS)**

Purpose: For use by students who would like to take 18 or more hours of course credits during the semester.

I am requesting a waiver of the credit hour limitation requirement for the Fall Spring. I have discussed the request with my advisor/chairperson. This exception to the policy is necessary because (be specific):

I understand that the increased credit hour load could have a negative impact upon my cumulative grade point average. I assume full responsibility if my grade point average drops to the point that my future as a student at Hampton University is in jeopardy. In addition, I understand there is an additional fee for each credit hour beyond 17 credits.

MAJOR _____

Signature of Student

CUM. GPA _____

Name of Student (Print)

TOTAL SEM. HRS. EARNED _____

HUID NUMBER _____

Student's Phone #

I authorize up to _____ semester hours total for Fall Spring semester of _____.

Advisor

Date

Department Chairperson

Date

School Dean

Date

Provost
(Required for 20 or more hours of credit)

Date

(Please make and keep a copy of this form for your records. Attach a copy of your Course Request Form. Return the original to the Office of the Registrar.)