



PERMIT FOR EXCESS HOURS

Division of Academic Affairs

Banner ID: _____ Major Department: _____

 Last Name First Name Middle

 Address

 City State Zip Code

Telephone #: _____ Email Address: _____

School Year: _____ - _____ Fall _____ Spring _____ Summer _____

Intended Graduation Date: _____

Reason for taking Excess Hours:

Courses Added

CRN	Dept.	Course Number	Section Number	Credit Hours	Course Title	Total Hours Registered	Total Hours Added	Total Hours After Change

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____
(Only if course is closed)

Advisor: _____ Date: _____

Department Chairperson: _____ Date: _____

Dean: _____ Date: _____

 Provost/Vice Chancellor for Academic Affairs Date

<i>Registrar's Office Use Only</i>	
Hours Attempted: _____	Hours Passed: _____
Quality Points: _____	Cumulative GPA: _____
Registrar's Office Signature: _____	