



**CLASS SIZE LOAD LIMITATION  
EXCEPTION REQUEST**

**CF ID No.:** \_\_\_\_\_ **Date (MM/DD/YY):** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**Telephone No.:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Program of Study/Area of Interest:** \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Most Recent Term GPA: \_\_\_\_\_

Number of Credits Completed: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

List the course that will put you over the 18-hour limitation (9-hour limitation in Summer A and B):

Course Code (i.e. ENC1101)	Section	Course Title	Credits
This course will give me _____ total credit hours for the following semester (check one):			
<input type="checkbox"/> Winter/Spring	<input type="checkbox"/> Summer A	<input type="checkbox"/> Summer B	<input type="checkbox"/> Fall

Reason for requesting the exception:

You must register for the other classes you intend to take before this class can be entered into the computer.  
**Please attach documentation to this form that supports reason for exception such as transcripts, program requirements, catalog course description, etc.**

\_\_\_\_\_  
 Student Signature Date

<input type="checkbox"/> Recommend	<input type="checkbox"/> Deny	_____	_____
		Advisor Signature	Date (MM/DD/YY)
<input type="checkbox"/> Recommend	<input type="checkbox"/> Deny	_____	_____
		Advising Supervisor Signature	Date (MM/DD/YY)
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	_____	_____
		Registrar or Designee	Date (MM/DD/YY)

**COPY OF STUDENT'S SCHEDULE MUST BE ATTACHED.**