REQUEST FOR EXCEPTION REGARDING CLASS SIZE LOAD LIMITATION

College of Central Florida
–an equal opportunity college–

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

Legal Name: _____
Last   First   Middle (complete)   Jr., etc.

Telephone No.: _____

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):

☐ Winter/Spring   ☐ Summer A   ☐ Summer B   ☐ 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

☐ Recommend	☐ Deny	_____ Advisor Signature/Advising Supervisor Initials	_____ Date (MM/DD/YY)
☐ Recommend	☐ Deny	_____ Registrar or Designee	_____ Date Entered

COPY OF STUDENT'S SCHEDULE MUST BE ATTACHED.