COLLEGE OF ARTS AND SCIENCES REQUEST FOR SPECIAL PERMISSION TO ENROLL IN OVER 21 HOURS

The following student has requested permission to enroll in over 21 hours for the current semester.

Date:	Student Name:	
Student ID #:	Student E-mail A	ddress:
Total Credits Requested:		
semester hours in a regular s A student who wishes to enr	semester (or a proportionate oll in more than 21 hours mu	undergraduate is between 15 and 18 e number of hours in a summer session). ust have demonstrated solid academic and receive special permission from
In the space below, state the	e rationale for waiving the po	olicy in this case.
Advisor Approval:	_	Date:
Student should e-mail requebwinters@pittstate.edu.	est to Associate Dean of Arts	and Sciences, Dr. Bobby Winters,
Arts and Sciences Office: Ap	pproved Disapproved	d

Copy to Department Chair