

Office of the Registrar  
Hampton University  
Hampton, Virginia 23668

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

I am requesting a waiver of the credit hour limitation requirement for the  Fall  Spring  
 Summer \_\_\_\_\_. I have discussed the request with my advisor/chairman. This exception to the  
policy is necessary so that I might

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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.

CUM GPA \_\_\_\_\_

TOTAL SEM HRS EARNED \_\_\_\_\_

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Signature of Student

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Name of Student (Print)

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Social Security Number

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Date

I authorize up to \_\_\_\_\_ semester hours total for \_\_\_\_\_ semester \_\_\_\_\_ year .

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Advisor

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Department Chairman

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School Dean (Major)

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Exec. Vice President/Provost

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Date

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Date

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Date

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Date

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