

Office of the Registrar
Hampton University
Hampton, Virginia 23668

**REQUEST TO OVERRIDE UNIVERSITY'S CREDIT HOUR LIMIT POLICY
(MORE THAN 9 HRS.)**

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

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 _____

Signature of Student

Name of Student (Print)

Social Security Number

Date

I authorize up to _____ semester hours total for _____ semester _____ year .

Advisor

Department Chairman

School Dean (Major)

Director, Summer Session

Date

Date

Date

Date

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