

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

**Purpose:** For use by students who would like to take 18 or more hours of course credits during the semester.

I am requesting a waiver of the credit hour limitation requirement for the  Fall  Spring. I have discussed the request with my advisor/chairperson. This exception to the policy is necessary because (be specific):

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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. In addition, I understand there is an additional fee for each credit hour beyond 17 credits.

MAJOR \_\_\_\_\_

\_\_\_\_\_  
*Signature of Student*

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

\_\_\_\_\_  
*Name of Student (Print)*

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

HUID NUMBER \_\_\_\_\_

\_\_\_\_\_  
*Student's Phone #*

I authorize up to \_\_\_\_\_ semester hours total for  Fall  Spring semester of \_\_\_\_\_.

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost  
(Required for 20 or more hours of credit)

\_\_\_\_\_  
Date

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