Authorization for an Undergraduate Student to Exceed Permissible Hours

Missouri University of Science and Technology
Office of the Registrar

The normal undergraduate schedule consists of not more than 19 credit hours. This form enables an undergraduate student to register for an excess schedule. Students should first register through Joe’S$ for all but the credits in excess of the limit. Students may then register for the balance of the courses at the Registrar's Office, 103 Parker Hall, by submitting this approved form prior to the close of the Open Registration Period. Space must be available in these course(s) to process the form.

You may, with the permission of your advisor, take extra hours according to the following schedule:

- Cumulative grade point average 2.50 or above - 1 extra hour
- Cumulative grade point average 2.75 or above - 2 extra hours
- Cumulative grade point average 3.15 or above - 3 extra hours

Name _____________________________________________________  Student ID ______________________

Term ______________________

Cumulative GPA ______________________

Hours Registered through Joe’S$ ______________________

Courses Requested That Exceed Hours Registered through Joe’S$:

<table>
<thead>
<tr>
<th>Course #1:</th>
<th>Course #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject: ______________________</td>
<td>Subject: ______________________</td>
</tr>
<tr>
<td>Catalog Number: ________________</td>
<td>Catalog Number: ________________</td>
</tr>
<tr>
<td>5-digit Class Number: __________</td>
<td>5-digit Class Number: __________</td>
</tr>
<tr>
<td>Section: ______________________</td>
<td>Section: ______________________</td>
</tr>
<tr>
<td>Credit Hours: _________________</td>
<td>Credit Hours: _________________</td>
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</tbody>
</table>

Approval ________________________________________________________  Date ______________________
Major Advisor Signature

NOTE: If the request exceeds the allowable credit hours described in the above table, the student must petition his/her department chair.

Approval ________________________________________________________  Date ______________________
Department Chair Signature