



Petition for Excess Schedule on Probation

Missouri University of Science and Technology
Office of the Registrar

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This form is to be used prior to the start of the semester. Any changes after the start of the semester need to be made using an Add/Drop Slip with required signatures.

Name _____ Student ID _____

Address _____ Date _____

I am on SCHOLASTIC PROBATION and limited to 13 semester hours for the next semester in school (six hours for an eight-week summer session). I hereby petition to carry the attached schedule of _____ credit hours for the _____ semester for the reason stated below.

REASON FOR REQUESTING SCHEDULE CHANGES:

Respectfully submitted,

Student's Signature

Date

Student's Major Department

Advisor Signature

Date

Department Chair Signature

Date