

## COLLEGE OF HEALTH PROFESSIONS

**OVER-HOUR PETITION**  
 Maximum hours allowed without approval:  
Fall/Spring – 18 hours; May Term – 4 hours; Summer – 6 hours

**Please attach your current unofficial transcript & degree plan to process this request**

**\*\*Approval can take up to 10 business days from submission date\*\***

Please check one:    Fall             Spring             Summer I             Summer II    Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of hours currently enrolled: \_\_\_\_\_ + hours requested: \_\_\_\_\_ = \_\_\_\_\_

List courses you plan to enroll in

Course Number & Section (include prefix)	Course Name	Days/Time Offered

List overload course(s) you need to petition for –

Course Number & Section (include prefix)	Course Name	Days/Time Offered

Reason/Justification/Plan of Action for Request

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Students' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED/DENIED BY:

Approved  Denied      Advisor \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied      Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied      Dean \_\_\_\_\_ Date: \_\_\_\_\_

Academic Hours Adjusted by Listserv    Date \_\_\_\_\_