

Request to Carry Additional Hours

Name: _____ SSN: _____
Email: _____ Phone: () _____

Full-time load for graduate students is nine (9) credit hours* except for summer sessions where it is six (6) credit hours. Exceptions may be requested for the Chairperson of the department supervising the academic program **and** the Dean of Graduate Studies.

I request to carry _____ credit hours for the : Fall Spring Summer term
I expect to be employed _____ hours per week
I am currently registered for _____ credit hours

I am a candidate for a Master's Degree in _____
 I am not a candidate for a degree (student-at-large)

Student Signature: _____ Date: _____
*Except for financial aid purposes.

Approved Not Approved _____ _____
Department/Chairperson Date

Approved Not Approved _____ _____
Department/Chairperson Date

