REQUEST FOR REGISTRATION OVER 17 CREDIT HOURS



NAME		ID#	DATE	
E-MAIL ADDRESS		SPO	PHONE	
YEAR IN SCHOOL: (select one) Senior	r Junior Sop	ph. Fresh. S _l	pecial	
The average annual class load for full-time student semester. Only students with a grade point average of academic load only. Students must consult with the Final	of 3.00 should consider a clas	ss load in excess of 17 hours		
Extra hours charges are assessed in the spring sen Please refer to the Financial Services website at:				