PETITION TO EXCEED MAXIMUM HOURS

This form must be submitted to the Office of the Registrar (at Belmont Central) with all required signatures prior to the beginning of the open registration period for the given term.

Name: __________________________  BUID: B 0 0 __________________________

Phone: __________________________ Email: __________________________

Cumulative Earned Hours: ____________ Cumulative GPA: ________ Major: __________________________ Minor: __________________________

Do you have any courses with pending incomplete grades (‘I’ status on Degree Works)? (circle) Yes or No
If yes, list below:

____________________________________________________________________________________________________________________________________________________________________________________

Students must obtain approval to take more than 19 credits hours during the fall or spring semester and more than 16 hours during the summer term. A student will not be permitted to register for more than 19 hours during the summer term. This includes all courses, even when concurrently enrolled at a secondary institution.

A planned course schedule in addition to the form must be submitted to your academic advisor. Advisor approval on this form constitutes an endorsement for a credit hour overload.

I AM REQUESTING TO TAKE THE FOLLOWING NUMBER OF CREDITS: ____________

FOR THE FOLLOWING TERM:  

☐ FALL 20  ☐ SPRING 20  ☐ SUMMER 20  

Give justification for a course overload for this term. Attach a sheet of paper if needed.

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

TO BE COMPLETED BY MAJOR ACADEMIC ADVISOR:

Advisor’s Name (print): __________________________

Advisor’s Signature: __________________________ Date: __________________________

(This form will not be processed without an advisor’s approval)

TO BE COMPLETED BY THE STUDENT:

- I have reviewed the academic policy in the current academic catalog: http://catalog.belmont.edu/content.php?catoid=3&navoid=114
- I am aware of and prepared to satisfy the obligations of the additional tuition charges which will result from the addition of courses beyond maximum allotment.

STUDENT SIGNATURE: __________________________ DATE: __________________________

Office of the Registrar: __________________________ Date: __________________________

Please return to Belmont Central in the Gabhart Student Center or via: Fax: 615-460-5415 or Email: registrar@belmont.edu

Phone: 615-460-6619

Revised October 2018