

## Permission To Waive Credit Hour Limit

Status  Please waive the credit hour limit for

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Fredonia ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Current GPA \_\_\_\_\_

### Proposed Coursework

Dept. Code	Course Number	Course Title	Credit Hours

Please explain why you are requesting permission to waive the credit hour limit:

\_\_\_\_\_  
**Student signature** **Date**

\_\_\_\_\_  
**Department Chair signature** **Date**

Approved     Denied

\_\_\_\_\_  
**Associate Provost for Graduate Studies & Research signature** **Date**