

**REQUEST FOR
EXTENSION OF MAXIMUM NUMBER OF SEMESTER HOURS**

DATE: _____

STUDENT: _____ **Student ID:** _____

CURRENTLY ENROLLED IN: (check one)

School of Education Arts & Sciences Program

Current Registered Credit Hours: _____ **Additional Hours Requested:** _____

RATIONALE:

SUBMITTED BY:

Student's Signature Date: _____

Current Advisor's Signature Date: _____

APPROVED BY:

Dean/Associate Provost Date: _____

Vice President for Academics Date: _____