Fall	Spring	Summer	20



PETITION FOR ADDITIONAL HOURS

Please complete and submit to the Dean of your college when a student seeks enrollment in a load of 19 or more hours in either the spring/fall semester(s) and/or 10 or more hours during the summer session.

Student Name (please print)		MSSU ID		
FreshmanSophom	oreJunior	Senior	rGraduate _	Non-Degree Seeking
Major:		Advisor:_		
Cumulative GPA:	Number of hour	s enrolled:	Requested hours:	
Additional CRN(s):				
Reason for this request :				
Cion atuna Student	Data	Please attac	h a degree audit and/or	transcript with this request:
Signature: Student	Date			
Signature: Advisor		Date	Approved	Not Approved
Signature. Havisor		Bute		
Signature: Department Chair		Date	Approved	Not Approved
			Approved	Not Approved
Signature: Dean of College		Date		

The Dean is to send the completed form to the Office of the Registrar for the student's file.