SOUTHERN STATE
COMMUNITY COLLEGE

Request for Waiver of Credit Hour Limit

Semester _____ Year_____ Date_____

Name_____ID#_____

Phone Number (____) _____Degree_____

Total Career Credit Hours Earned _____ Cumulative GPA _____

Reason for exceeding credit hour limit_____

_____

Number of credit hours requested above the 18 credit hour limit _____

Student Signature _____

List below the course(s) you would like to add to your schedule that will take you above the 18 credit hour limit.

	COURSE NUMBER AND TITLE (Example: ENGL 1101 NO2)	**CREDIT HOURS**	**INSTRUCTOR SIGNATURE** (if course requires permission)
Add			
Add			
Add			

___Recommend   ___Do Not Recommend   ___Recommend   ___Do Not Recommend

_____   _____

Faculty or Advisor Signature   Date   Vice President of Academic Affairs   Date