

College of Education & Human Development
REQUEST FOR STUDENT TO TAKE ADDITIONAL HOURS OF COURSEWORK
 UNIVERSITY OF LOUISVILLE

Name

Social Security Number or Student ID Number

Cumulative Grade Point Average: Standing Hours: 0-30 31-60 61-90 90+

Permission is requested to take hours of coursework during:

Semester and Year

Indicate the courses in which you will be enrolling during the semester
 you are requesting permission for additional hours:

Indicate reason why it is necessary to enroll in additional hours:

Faculty Authorization

I do ... I do not ...
 ... support student's request to enroll in additional hours.

Faculty Advisor's Signature

Date

Department Authorization

I do ... I do not ...
 ... support student's request to enroll in additional hours.

Department Chair's Signature

Date

Dean's Authorization

Request Approved Request Denied

Dean's Signature

Date

UNIVERSITY OF LOUISVILLE