

Office of the Registrar • 240 Pine Ridge Road • Buffalo, NY 14225

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**REQUEST TO EXCEED 18 CREDIT HOUR LIMIT**

Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM OF STUDY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CGPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE REQUESTED

COURSE # \_\_\_\_\_\_\_ COURSE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CREDITS \_\_\_\_\_\_\_

ANTICIPATED TOTAL CREDITS FOR SEMESTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADVISOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VICE PRESIDENT FOR ACADEMIC AFFAIRS

7-29-13 mas