

## Request to Exceed Maximum Hours in a Term

**Purpose:** This form is only for undergraduate CSH students who wish to enroll in more than 20 credit hours in a term or 9 credit hours per summer session.

**Return completed form to:**

|                         |   |
|-------------------------|---|
| Health Sciences majors: | Health Sciences Advising: McGowan South, Suite 411                |
| Biology majors:         | Biology Advising: McGowan North, Room 125                         |
| Psychology majors:      | Psychology Advising: Byrne Hall 420                               |
| All other CSH majors:   | Office of Advising and Student Services: McGowan South, Suite 400 |

DePaul ID number (7-digit): \_\_\_\_\_ Name: \_\_\_\_\_

E-mail address \_\_\_\_\_ Primary telephone number \_\_\_\_\_

Primary Major: \_\_\_\_\_

**Please initial next to each condition:**

- \_\_\_\_\_ You must have a minimum GPA of 3.0.
- \_\_\_\_\_ You must have earned at least 44-credit hours.
- \_\_\_\_\_ You must have successfully completed four (16 hours) courses at DePaul in any previous quarter.
- \_\_\_\_\_ You understand there is a per-credit charge for an excess load over 18 quarter hours (excluding summer).

**Course Information:**

| <i>Department</i> | <i>Course Number</i> | <i>Section Number</i> | <i>5-Digit Class Number</i> | <i>Term and Year</i> |
|-------------------|----------------------|-----------------------|-----------------------------|----------------------|
|                   |                      |                       |                             |                      |
|                   |                      |                       |                             |                      |

Please briefly state why you want to take the additional course(s).

---



---

- Your request will be reviewed in light of the above conditions and your academic history.
- You will be notified of the decision via e-mail to the address indicated above.
- An approved request does not guarantee enrollment into a closed class.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                       |           |                |              |                           |
|-----------------------|-----------|----------------|--------------|---------------------------|
| (FOR OFFICE USE ONLY) |           |                |              |                           |
| Hours _____           | GPA _____ | Approved _____ | Denied _____ | Initials _____ Date _____ |