The Pennsylvania State University
Credit Limit Exception Request

24-Credit Limit Exemption Request

NOTE: This form is to accompany ALL student requests for an exception to the 24-credit limit for a given semester. You must meet with your academic adviser and complete this form. This form will be submitted by your academic adviser.

I. STUDENT INFORMATION
Name: ___________________________    PSU ID: ________
Major: ___________    E-mail:_________    Phone: ______________

II. INFORMATION ON REQUEST FOR EXCEPTION TO THE 24-CREDIT LIMIT
Campus: ________    Semester: ________    Course Subject: ________    Course Number: ________
Course Section(s): List sections in order of preference. The Registrar will place you in first open section. If all sections are filled, you will be placed on waiting list for first section listed with waiting list spots open.
1. __________    2.__________    3._________    4. _________    5. ___________    6. __________

Is this course:    An Entrance to Major course? ______    Required for the Major? ______

III. ADVISER COMMENTS AND RECOMMENDATION (REQUIRED):
Adviser Recommendation (Required):
Support: __________    Do Not Support: __________

Adviser Signature: ____________________________________________    Date: _______________________
Justification:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

IV. DEAN, CAMPUS CHANCELLOR OR DESIGNEE (REQUIRED):
Signature: ____________________________________________    Date: ______________________

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