

Exploratory Studies & Academic Advising Services

Request to Enroll in Less Than 15 Credit Hours

Date: _____ Semester: _____ Year: _____

Student Name: _____

Student ID: _____

Advisor Name: _____

Reasons for enrolling in less than 15 hours:

_____ DSO recommended modification of course load

_____ Unable to find 15 hours applicable to degree

_____ Work schedule accommodation

_____ Other (provide explanation below)

Explanation and comments:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Director Signature: _____ Date: _____