

UNIVERSITY OF MANITOBA - FACULTY OF ARTS  
3rd Floor Fletcher Argue Building

**APPLICATION FORM FOR PERMISSION TO EXCEED THE NORMAL NUMBER OF  
CREDIT HOURS PERMITTED IN A SESSION**

NAME: \_\_\_\_\_ STUDENT NO. \_\_\_\_\_  
(surname, given names)

ADDRESS: \_\_\_\_\_ PHONE NO.(S) \_\_\_\_\_

SESSION INVOLVED:

**Fall Term** 200\_\_ **Winter Term** 201\_\_ **Summer Term** 201\_\_

Last Sessional Average \_\_\_\_\_ based on \_\_\_\_\_ hours of courses.

Have you previously had any Incompletes? Yes \_\_\_ No \_\_\_

Number of Extra Credit Hours requested 6 \_\_\_ 3 \_\_\_ .

STATE REASON(S) for requesting extra course(s):

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***If granted permission to take an extra course(s), I hereby agree not to request any time extensions or deferred examinations because of the extra course load. I am prepared to cope with the extra work involved. If I encounter any difficulties, I will arrange to withdraw from the extra course(s) by the appropriate withdrawal deadline date.***

DATE: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

PERMISSION: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_.

Additional Comments:

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DATE: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Dean's Representative)

Statement of Purpose: This personal information is being collected under the authority of the University of Manitoba Act and will be used to obtain information to assess whether a student should be granted permission to exceed the normal number of credit hours permitted in a session and to provide warning regarding course load. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FIPPA Coordinator's Office (204) 474-8339, c/o Archives and Special Collections, 331 Dafoe Library, University of Manitoba, R3T 2N2.