

UNIVERSITY OF MANITOBA - FACULTY OF ARTS
134 Fletcher Argue

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

NAME: _____ STUDENT NO: _____
(surname, given names)

ADDRESS: _____ PHONE # _____

SESSION INVOLVED:

Fall Term 20 ____ **Winter Term** 20 ____ **Summer Term** 20 ____

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):

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:

DATE: _____ Signature: _____

(Dean's Representative)

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