Application for Permission to Exceed the Normal Credit Hours Permitted in a TERM

Freedom of Information and Protection of Privacy Statement

This personal information is being collected under the authority of The University of Manitoba Act and will be used to obtain information related to the student’s request to exceed the normal number of credit hours permitted in a session and whether the additional number of credit hours should be granted. It is protected by the Protection of Privacy provisions of the Freedom and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the FIPPA Coordinator’s Office (204) 474-8339, c/o Archives & Special Collections, 331 Elizabeth Dafoe Library, University of Manitoba.

Name: ________________________________  Student No. ____________________

Phone No.(s) (Hm)____________________ (Wk/Cell)_____________________

UM Email: (please print clearly)__________________________________________

TERM: Fall Term 20____  Winter Term 20____  Summer Term 20____

State your most recent Cumulative Grade Point Average ______ based on _____ credit hours.

Have you requested incompletes/time extensions in previous terms? Answer yes or no _________

How many extra credit hours are you requesting?  6____  3____

State your 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 of Dean’s Representative__________________