

DEPARTMENT OF HEALTH BEHAVIOR

Request to Exceed Credit Hour Limit

Student Information

First Name: _____ Last Name: _____
PID: _____
Email: _____
Degree Program: MPH MSPH/PhD PhD

Credit Hour Information

Term: _____
Year: _____
Current Credit Hour Limit: _____
Total Credit Hours Requested: _____

Rationale for credit hour increase

Please provide a brief rationale for requesting the credit hour increase (e. g., need additional practicum credit hours, taking class with dissertation direction because learning new methods for project)

Signatures

Student: _____ Date: _____
Advisor: _____ Date: _____

Processing

Date received by Student Services: _____
Date sent to Graduate School: _____