CENTRAL FLORIDA COMMUNITY COLLEGE

REQUEST FOR EXCEPTION REGARDING CLASS LOAD LIMITATION

Name: _____ Date: _____

Phone: _____

ID# _____ Major: _____

SS# _____ Overall GPA: _____ Most Recent G.P.A.: _____

Number of Credits Completed: _____ Expected Date of Graduation: _____

List the course that will put you over the 18-hour limitation (9-hour limitation in Summer A & B):

Course Code (i.e. ENC1101)	Section	Title	Credits

This course will give me _____ credit hours for the following semester (check one):

_____ Winter/Spring _____ Summer A _____ Summer B _____ Fall

Reason for requesting the exception: _____

_____

_____

NOTE: You must register for the other classes you intend to take before this class can be entered into the computer by the Vice President for Student Affairs.

Please attach documentation to this form that supports reason for exception such as transcripts, program requirements, catalog course description, etc.

_____ _____

Student's Signature Advisor's Signature

____ Approved ____ Denied _____ _____

Director, Enrollment Services Date

Overload entered on _____ by _____

COPY OF STUDENT'S SCHEDULE MUST BE ATTACHED.