Full Name ________________________________  Student I.D. Number ________________________________
OSU E-mail address ________________________________  Phone ________________________________
Major/Pre-Major ________________________________  Advisor ________________________________
OSU GPA ___________  OSU GPA HRS_________  Projected Graduation Term ________________________________

Over 18 Hour Request

Academic Term:  □ AU  □ SP  □ SU  20__  Total credit hours requesting for term: ____________

Provide a detailed explanation of the reason for your request. You may attach additional sheets. Include supporting documentation. Also, include a list of all the courses in which you would be enrolled if this request is approved.

Request Rationale & Coursework: ____________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

By signing below, I acknowledge the following:

• starting Autumn 2012, enrollment in more than 18 credit hours will incur additional tuition per credit hour;
• I accept the additional fees if my petition to register for more than 18 hours is approved;
• I am aware of all fee information and course enrollment/drop deadlines for the academic term; and
• I understand that, if I do not meet the conditions established below by the reviewer of this petition, I may not be eligible to enroll in more than 18 hours for any future academic terms.

Student Signature ________________________________  Date ________________________________

Additional information about fees and registration deadlines can be found at www.registrar.osu.edu.

ADVISING OFFICE USE ONLY

Petition Decision:  □ APPROVED  □ DENIED  □ WITH CONDITIONS (see below)
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Advisor Signature ________________________________  Date ________________________________

End of Term Review:  □ Conditions Met  □ Conditions NOT met, student not permitted to enroll in +18 hrs in future terms