

Credit Limit Restriction Waiver

Use this form when requesting **over 20** credits for Fall/Spring or **over 14** credits for the Summer term. Requests for credit totals at or below these limits should be e-mailed directly to las_sas@iastate.edu. This form, when completed, should be emailed to las_sas@ iastate.edu and an administrative advisor will review.

Name: _____ ID#: _____
Major: _____ Grad. Date: _____ Cumulative GPA: _____
Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
ISU Email: _____ Phone: _____

Please list all classes you are planning to take during the term for which you are requesting the waiver. Please indicate the course(s) you plan to add over your credit limit with an (*).

Why are you requesting the waiver?

How do you plan to manage your schedule? Please be specific, especially if your cumulative GPA is less than a 3.0.

Will you be working during the term for which you are requesting the waiver? If so, how many hours per week?

Adviser Comments:

NEW CREDIT LIMIT: _____ Semester: _____
Adviser Signature: _____ Phone: _____
Email: _____ Date: _____