



Records Department
Room 2220, West Campus
3300 Century Avenue North
651.779.3299

EXCEED MAXIMUM
19 CREDIT LIMIT APPEAL

Name: Last Name First Middle Student ID:

Address: Number Street City State Zip Code

Phone (permanent): (cell): (work):

Program/Major:

Semester:

Number of Total Credits Requested:

Reason/explanation (attach additional pages if necessary):

Student Signature: Date:

Do not write below this line

Current GPA
Attempted/Earned Credits
Previous Probation(s)
Previous Suspension(s)

Recommendation:
Approved\*
Approved with conditions\*
Not approved\*

Signature of Registrar/Academic Counselor/Advisor Date

\*Conditions/Remarks: