



Request to register for an excess of 2 ACG/TAX Courses in one semester

Student Name:		ID#:	
Email Address		Contact Phone #	
YTD Credit Hours		Current GPA	
Anticipated Graduation Date		Accounting GPA	
ACG Credit Hours requested		Total Credit hours for semester	
PROPOSED SCHEDULE FOR: (CIRCLE APPROPRIATE SEMESTER)			
FALL SPRING SUMMER A SUMMER B SUMMER C YEAR 20_____			
Course		Course	
Course		Course	
Course		Course	
Course		Course	
OTHER ACTIVITIES (WORK, CLUBS, ETC)			
Weekly hours worked		Position held & since when	
Weekly hours worked		Position held & since when	
Weekly hours worked		Position held & since when	
JUSTIFICATION FOR REQUEST			
SIGNATURES			
Student		Date	
DEPARTMENT USE ONLY			
Approved		Denied	
School of Accounting		Date	

Attach a copy of your most recent SASS report. Without a complete package the request will not be considered. Allow 5 business days for consideration.