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

Student Name		**Panther ID**	
Email Address		**Contact Phone #**	
Anticipated Graduation		**YTD Credit Hours**	
ACG Credit Hours requested		**Total credit hours for semester**	

PROPOSED SCHEDULE FOR: FALL SPRING SUMMER			YEAR 20_____
Course		*Course*	
Course		*Course*	
Course		*Course*	
Course		*Course*	

OTHER ACTIVITIES (WORK, CLUBS, ETC.)			
Weekly Hours worked		Position held and since when	
Weekly Hours worked		Position held and since when	
Weekly Hours worked		Position held and since when	

JUSTIFICATION FOR REQUEST

SIGNATURE

Student		Date	

DEPARTMENT USE ONLY

Approved_____ Denied _____ Advisor Signature_____ Date _____