

**EXCEPTION TO THE ACADEMIC LOAD POLICY**

(Request for undergraduate students)

**Write your rationale on the back of this sheet and attach a copy of your current class schedule.**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Total Semester Hours Enrolled: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Semester for which the exception is being requested (i.e., Spring 2017): \_\_\_\_\_

If exception is granted, total number of hours for this semester: \_\_\_\_\_

Course Designator & Number: \_\_\_\_\_ Section Number: \_\_\_\_\_

Course Designator & Number: \_\_\_\_\_ Section Number: \_\_\_\_\_

Course Designator & Number: \_\_\_\_\_ Section Number: \_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Dean/Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Dean/Designee's Printed Name

**FORM MUST BE COMPLETED WITH THE APPROPRIATE DEAN/DESIGNEE'S SIGNATURE.**

Registrar's Office  
Warriner Hall 212  
Email: [records@cmich.edu](mailto:records@cmich.edu) Phone: (989) 774-3261