

### 32 CREDIT RULE WAIVER (Up to six credits maximum)

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

In-Session Address \_\_\_\_\_

ID Number \_\_\_\_\_ Year: FR SO JR SR

ISU Grade Point \_\_\_\_\_ Area of Emphasis \_\_\_\_\_

How many semesters have you attended ISU, including the current term? \_\_\_\_\_

When do you expect to graduate? Month/Year \_\_\_\_\_

I would like to request a wavier of the 32 Credit Rule. I have taken/will take the following

course(s) at: \_\_\_\_\_  
(Name of Institution)

during the \_\_\_\_\_  
(Semester/Year)

Dept.	Course No.	Descriptive Title	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(Please provide the catalog description sheet with this form.)**

Reason for needing to waive the 32 credit rule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Advisor's Signature

Granted \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Departmental Curriculum Chair

Date \_\_\_\_\_