C E 32 CREDIT RULE WAIVER
(Up to six credits maximum)

Student’s Name ____________________________ Date ______________________
Email Address ___________________________________________________________________
ID Number ___________________________ Year: FR SO JR SR
ISU Grade Point _______________________
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 waiver of the 32 Credit Rule. I have taken/will take the following
course(s) at: ___________________________________________________________________
(Name of Institution)
during the __________________________________________________. (Semester/Year)

<table>
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<tr>
<th>Dept.</th>
<th>Course No.</th>
<th>Descriptive Title</th>
<th>Credit Hours</th>
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(Student: Please provide the catalog description sheet with this form.)

(Adviser: Attach a copy of the Transfer Credit Evaluation)

Reason for needing to waive the 32 credit rule:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

_______________________________________
Student’s Signature

_______________________________________
Advisor’s Signature
Granted _______ Denied _______

_______________________________________
Departmental Curriculum Chair
Date ____________________________