

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 wavier of the 32 Credit Rule. I have taken/will take the following
(circle one)

course(s) at: _____
(Name of Institution)

during the _____
(Semester/Year)

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

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 _____