

No. _____

CCEE 32 Credit Rule Waiver

(up to six credits maximum)

Student Name: _____ Date: _____

Email Address: _____

ID Number: _____ ISU GPA: _____

Class Standing: First Year Sophomore Junior Senior

Program of Study: CE ENVE CONE CONE Focus: _____

Total semesters at ISU, including current term: _____ Expected graduation term: _____

I would like to request a waiver of the 32 Credit Rule. I **have taken** **will take** the following course(s) at: _____ during the _____.
(Name of Institution) (Semester/Year)

Department	Course Number	Course Title	Credit Hours

Student: Please provide the catalog description with this form.

Advisor: Attach a copy of the Transfer Credit Evaluation

Reason for needing to waive the 32 credit rule:

Student Signature: _____ Academic Advisor Signature: _____

Granted	Denied
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Departmental Curriculum Chair Signature: _____ Date: _____