



Request for Waiver of Dual Enrollment Maximum Hours

Semester/Session: Fall _____ Spring _____ Summer _____ Year: **20** _____

NAME: _____ DATE: _____
(Last) (First) (M.I.)

STUDENT ID: _____

REQUESTED BY: _____ Title _____
Name of High School Counselor/Dual Enrollment Advisor School _____

REQUESTED NUMBER OF ADDITIONAL CREDIT HOURS: _____

STUDENT GPA: High School: _____ Delgado (if applicable): _____

DELGADO PLACEMENT TEST SCORES: _____ ACT SCORES: _____

PROGRAM OF STUDY: _____

ADDITIONAL COURSES REQUESTING WAIVER:

CRN	Course & Number	Section Number	Hours

Recommended:

Delgado Dual Enrollment Advisor's Signature Date

I approve a waiver of the Dual Enrollment Maximum Hours for the additional requested credit hours and courses above.

Approval:

Vice Chancellor for Academic Affairs Signature Date

Processed by:

Registrar's Office Date