

# CCEE 32 CREDIT RULE WAIVER

(Up to six credits maximum)

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

Email Address \_\_\_\_\_

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

ISU GPA \_\_\_\_\_ Program: CE EnvE ConE 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 waiver 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 \_\_\_\_\_