

**UNDERGRADUATE EDUCATION  
TUFTS UNIVERSITY**

**PETITION TO TAKE AN EXTRA COURSE**  
**(SUBMIT AFTER THE FIRST DAY OF CLASSES)**

FOR A COURSE LOAD OF MORE THAN 5.5 CREDITS (LA STUDENTS) OR 6.5 CREDITS (EN STUDENTS), THIS FORM MUST BE COMPLETED AND RETURNED TO THE STUDENT SERVICES DESK, DOWLING HALL.

GENERALLY, LA FIRST – YEAR STUDENTS ARE NOT ALLOWED TO TAKE MORE THAN 5.5 CREDITS IN THE FIRST SEMESTER.

Name \_\_\_\_\_ ID# \_\_\_\_\_ LA \_\_\_\_\_ EN \_\_\_\_\_

Class of \_\_\_\_\_ Major \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Local Address \_\_\_\_\_  
(If off campus, list city, state and zip code)

Semester/year \_\_\_\_\_

LIST ALL THE CLASSES YOU HOPE TO TAKE WITH DEPARTMENT, COURSE NUMBER, & TITLE.

	Credit (0.5,1.0)		Credit (0.5,1.0)
1. _____		2. _____	
3. _____		4. _____	
5. _____		6. _____	
			Total Credits _____

STATEMENT OF JUSTIFICATION FOR ADDITIONAL COURSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(append extra sheet, if necessary)

I AM AWARE THAT THE UNIVERSITY REQUIRES EIGHT SEMESTERS OF FULL-TIME STUDY FOR THE BACHELOR'S DEGREE. (SEE TUFTS *BULLETIN* FOR FULL TEXT OF POLICY.)

\_\_\_\_\_  
Student's Signature

ADVISOR'S STATEMENT (REQUIRED):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Advisor: Print Name

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Granted \_\_\_\_\_

Not Granted \_\_\_\_\_

Associate Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

DISTRIBUTION: Student File, Administrative Support, Student

Last Updated 8-2006

Dowling Desk: Give to Academic Dean
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