

**PERMISSION FORM FOR EXCESS CREDITS
COLLEGE OF NURSING AND HEALTH SCIENCES
106 Rowell Building**

TO: Registrar's Office
340 Waterman

FROM: Valerie Pallotta
Student Services

Student's Name _____ SSN: _____

Major: _____ Advisor: _____

Student named above has my permission to take _____ credits this semester.

Advisor's signature: _____ Date: _____