

Request for Unusual Hours

Nazarene Theological Seminary

Name _____ Date _____

Course Number and Title _____

Unusual Credit Hours Requested _____ Term/Year _____

Total Credit Hours completed _____ Cumulative GPA _____

A student who wishes to take a course for unusual credit hours should consult the registrar and the instructor prior to registration to establish a clear understanding concerning specific expectations.

TO BE COMPLETED BY THE STUDENT

Reason for Request:

Student's Signature: _____ Date: _____

TO BE COMPLETED BY THE PROFESSOR

Assignment(s) and/or exams(s) required to fulfill the unusual credit hours request:

APPROVAL (IN ORDER LISTED)

Registrar: _____ Date: _____

Supervising Professor: _____ Date: _____

For Office Use Only

Date Received: _____

Note: This request must be completed and filed with the Registrar's Office before course is added with unusual credit hours to semester registration.