

# CREDIT LIMIT PETITION

<b>Student Information:</b>	
Name (Last, First, Middle)	Student I#
E-mail Address	Phone Number

**Overview of BYU-Idaho's Credit Limit Policy:**

Please review the student catalog for a full explanation of this policy.

The maximum credits students may earn at BYU-Idaho is 80 credit hours for an associate degree and 140 credit hours for a bachelor degree. Students wishing to continue at BYU-Idaho must justify exceeding the limits. Students exceeding the limits are restricted from registration until approval is granted. Students must present an approved graduation plan with this petition. Credits for language tests, transfer courses, AP and CLEP credits will normally not be calculated into the credit limit petition evaluation unless the credit is used to meet BYU-Idaho graduation requirements.

<p><b>Credit Evaluation:</b></p> <p>Total Earned Credits: _____</p> <p>Currently Enrolled Credits: + _____</p> <p>Preregistered Credits: + _____</p> <p>Remaining Credits: * + _____</p> <p>Unused Transfer/AP/FL Credits: - _____</p> <p><b>Total Credits at Graduation:</b> = _____</p>	<p><b>Review by Academic Advising - REQUIRED</b></p> <p>Please meet with your satellite advising center to verify that your graduation plan is accurate and complete.</p> <p>Signature of Academic Advising Representative:</p> <p>_____</p> <p>Stamp: _____ Date: _____</p>
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\* Submit the following with your petition: 1) an approved plan (sample attached) of all remaining required courses needed to complete your degree and any other classes you want to take; 2) documentation of any planned waivers and/or substitutions; and 3) a written explanation of why you will exceed the 140-credit limit.

**Student Signature:**

I have read the above information and hereby petition for special consideration of the Credit Hour Limit Policy. I certify that the information on this petition and all attached documentation is true and complete to the best of my knowledge. I hereby waive my FERPA rights with regard to accessing my confidential academic record to allow the appropriate parties to review my academic history in order to make a decision regarding this petition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Committee Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Committee Action:</b></p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Pending</p> <p>Date: _____</p> <p>Initials: _____</p>	<p><b>Office Action:</b></p> <p><input type="checkbox"/> Code Change: 2-4</p> <p><input type="checkbox"/> Note Screen: 2-25</p> <p><input type="checkbox"/> Notify Student</p>
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# SAMPLE SEMESTER-BY-SEMESTER GRADUATION PLAN

Name (Last, First, Middle)		Student I#
E-mail Address		Phone Number
Track: <input type="checkbox"/> W/S <input type="checkbox"/> S/F <input type="checkbox"/> F/W	Major:	Catalog Year:
Minor:		Catalog Year:

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		

**Semester / Year:** \_\_\_\_\_

Course Name and Number	Required?	Credits
Total Credits:		