

PERMISSION TO REGISTER FOR 5 OR 19 MORE CREDITS

Office of the Vice President for Academic and Student Affairs

Date:	
Student Name:	Student I.D. #
HCC Email:	Cell Phone#: ()
Permission to Register for:	
The student MUST have at least a GPA of 3.0	
\square 19 or More Semester Credits:	☐ Fall <u>or</u> ☐ Spring
☐ 5 or More Credits:	☐ Intersession
This student:has p	permission to register for: Semester Credits
The student understands that he/she is undertaked during thesemester. The student do and will make any adjustments necessary in his/her	es accept responsibility for his/her success
In the event that the course load undertaken prove that it is hie/her responsibility to withdraw from the perform prior to the last day for withdrawal with the	hose classes in which he/she is not able to
Student's Signature:	Date:
Asst. VP of Academic Affairs:	Date:
or Director of Academic Advising Services:	Date:

White: ACT Center Copy Yellow: Academic Affairs Copy Pink: Student's Copy

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