



# CREDIT HOURS INCREASE FORM

DIN: RUW-OR/REG-T-008

RN: 01

ED: 14/05/2015

This form is to be issued upon "Dean of College's" request & is to be filled by him/her ONLY and is not to be issued upon any students' request.

Student's name: \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Academic year: \_\_\_\_ / \_\_\_\_ Semester:  1ST  2ND  SUMMER

Current maximum hour load:

\_\_\_\_\_

Requested maximum hour load:

\_\_\_\_\_

Student:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

**Deans:**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)

**Registrars':**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date (DD/MM/YYYY)