



# CREDIT HOURS INCREASE FORM

DIN: RUW-OR/REG-T-008

RN: 02

ED: 29/09/2024

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.: \_\_\_\_\_

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

Current maximum hour load:

Requested maximum hour load:

\_\_\_\_\_

\_\_\_\_\_

Comments (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_ / \_\_\_\_/20  
Name (print) Signature Date (DD/MM/YYYY)

**Dean:** \_\_\_\_\_ / \_\_\_\_/20  
Name (print) Signature Date (DD/MM/YYYY)

**Registrar:** \_\_\_\_\_ / \_\_\_\_/20  
Name (print) Signature Date (DD/MM/YYYY)