

EXTRA HOUR APPLICATION

To be completed by Student Athlete - PRIOR TO END OF ADD/DROP PERIOD:

l,		_ am applying for coverage of extra hours (above 18 hours) for the			
S	emester, 20 A	All additional credit hours	MUST BE REQUIRED for	your major	
and/or declared minor.	lt is <u>YOUR</u> responsibilit	ty to pass all of these hou	rs, meaning no failing gra	ides, drops,	
or incompletes.					
****Failure to pa	ss these hours, you	agree to reimburse tl	he Athletic Departme	nt for all	
		the current rate per h			
Name:		Sport:			
Rocket #:	Major:	Minor:	Cumulative GPA: _		
Email address:		Current Class Rank:			
**PL	EASE ATTACH A COI	PY OF YOUR UNOFFIC	IAL TRANSCRIPT.		
Number of Extra Hours	umber of Extra Hours requested: (Credit hours must be required for your major)				
course Name:(name of class that puts you over hour limit)					
RATI	ONALEWHY ARE YOU	REQUESTING TO TAKE A	DDITIONAL HOUR?		
SAAS Academic Coordinator:		(validating hours are required)			
Coach's Signature: (approving student athlete to take additional hol				hours)	
I have read the above i complete:	nformation and agree	to repay cost of any extra	a hours granted that I fai	il, or do not	
Student Athlete Signature			Date		
Approved: Denied:		ATHLETIC	BUSINESS OFFICE USE:		
SIGNATURE:			NAL TUITION COST:	hour/s	
(Sr. Associate Athletic Di	rector)	ADDITIO	NAL OSS COST: NAL FEE COST: lab fees, etc)	hour/s	
			OST: I Aid for processing: student athlete	(date) (date) (date)	