

Date Received

Date Approved
Student notified

## Adrian College

## Permission Form- 19+ Semester Hours

Student Number	First Name	Middle Name or Initial	Last Name
Cell Phone	E-mail address		
Major:	Minor (if a	applicable):	
Reason for request:			
Academic Advisor Comments:			
Academic Advisor Printed Name	:	<del></del>	
Academic Advisor Signature:		Date:	<del></del>
Have you completed a degree at	udit with the Registrar's O	ffice? If yes, who	en?
Comments from Registrar's Offic			
Registrar's Office Signature:		Date:	
The above referenced student ha	as permission to register f	or credit hours at Adria	n College for the
VPAA Approved  VPAA Denied			
VP & Dean of Academic Affairs S	Signature:		
Office Use Only		Note to Student: If	this request is

**Note to Student**: If this request is approved, there will be an additional \$1,000 fee for each credit hour over 18 credits.