PETITION TO REGISTER FOR > 4.5 COURSES/18 CREDITS

Name _______________________________ T# __________________________ Oberlin Cum. GPA _______ 
Advisor’s Name _______________________________ # of semesters completed at Oberlin College (do not include current semester) ____________________________

I. Does your plan include secondary lessons (PVST) or an ensemble (APST) in the Conservatory?
   _____ Yes. --> You do not need to meet with a dean unless you are petitioning to take more than 5 courses/20 credits, or if you would be taking more than 4.5 courses/18 credits even without the inclusion of your PVST and/or APST courses.
   _____ No. --> You must meet with a dean. Please call the Office of the Dean of Studies (440/775-8540) to schedule an appointment.

II. Complete your semester plan.
   Please list the courses you plan to take this semester, indicating with an “*” the course(s) you will add if you are authorized to take more than 4 and one half courses /18 credits this semester.

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th># OF CREDITS</th>
<th>FULL COURSE, HALF COURSE OR CO-CURRICULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTH 101</td>
<td>4</td>
<td>FULL COURSE</td>
</tr>
<tr>
<td>CHEM 101</td>
<td>4</td>
<td>FULL COURSE</td>
</tr>
<tr>
<td>CMPL 367</td>
<td>4</td>
<td>FULL COURSE</td>
</tr>
<tr>
<td>SOCI 224</td>
<td>4</td>
<td>FULL COURSE</td>
</tr>
<tr>
<td>PHYS 051</td>
<td>2</td>
<td>HALF COURSE</td>
</tr>
<tr>
<td>*LRNS 100</td>
<td>2</td>
<td>CO-CURRICULAR</td>
</tr>
</tbody>
</table>

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________
6. ____________________________________________________________
7. ____________________________________________________________
8. ____________________________________________________________

total proposed credits this semester: __________________________________________

III. Review and authorization
   I have discussed the above course plan with my academic advisor. If I am approved for a course/credit overload I understand that the approval is limited to the course plan outlined above. I understand that if I am approved to take more than five courses (20 credits), up to a maximum of 5 and one half courses (22 credits), then I will be charged a per credit fee for each credit over 20. For 2016-17 the fee is $1,280 per credit hour, $2,560 for a half course. (Please see the Office of Student Accounts web page for updates.)
   I have adhered to the honor code in all statements and representations made in support of this request.

Student’s signature_________________________________________ Date ____________

OFFICE USE ONLY

Approved / Denied If approved, # of credits _____________ Semester ____________

Dean’s signature_________________________________________ Date ____________