



Approval for Minimum Hour Restriction Change
(Decrease of Minimum Hours)

This form is used to acquire approval for a decrease in the minimum number of hours a student may take for a term and will most often be used by the International Students Office.

Student Name: _____	Date: _____
Sam ID #: _____	Effective Term: _____
Total Number of Minimum Hours: _____ i.e., 3 hours	
Total Number of Maximum Hours (if restricted): _____	
Coordinator's Signature: _____	Date: _____

Email this form to registrar@shsu.edu or fax it to 4-1737.

Registrar's Use Only:

Processed By: _____ Date Received: _____