



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.

Date: _____

Student Name: _____

Sam ID#: _____

Effective Term: _____

Total Number of Minimum Hours: _____
Example: 3 hours

Total Number of Maximum Hours (if restricted): _____

Coordinator

Date

Fax this form to 4-1737 or 4-3493

For Official Use Only: Date _____ Processed by _____
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