

## Request for Credit Limit Exception

**Instructions:** Please complete the form below in its entirety. Upon completion, submit to the appropriate office(s) for required approvals. After receiving required signatures, submit to the Registrar's Office in-person or via email ([registrar@hsph.harvard.edu](mailto:registrar@hsph.harvard.edu)).

**Deadline for Submission:** One week prior to Last Date to Enroll for HSPH Courses

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Harvard ID: \_\_\_\_\_ Department/Program: \_\_\_\_\_

---

### Reason

Term: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_

What is the reason for requesting exception to credit limit? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### Required Signatures

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### MPH Students

Field of Study Academic Administrator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MPH Office: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### SM/DRPH/SD Students

Academic Administrator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

### REGISTRAR OFFICE USE ONLY

- The above request was approved  
 The above request was not approved for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_