

## 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 by uploading the form in my.harvard.

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

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

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

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### Reason

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

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

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

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### Required Signatures

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

#### MPH Students

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

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

#### SM/DRPH/SD Students

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

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### REGISTRAR OFFICE USE ONLY

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

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

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

\_\_\_\_\_

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