



Request for Credit Limit Exception

Harvard T.H. Chan School of Public Health

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 HSPH Registrar's Office in-person or via email (registrar@hsph.harvard.edu).

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

Last Name: _____	First Name: _____
HUID: _____	Harvard Email: _____
Academic Program: _____	Department: _____

Term: _____	Requested Credit Limit: _____
Reason for Requesting Exception to Credit Limit:	

Required Signatures	
Student's Signature: _____	Date: _____
<u>MPH Students</u>	
Field of Study Academic Administrator: _____	Date: _____
MPH Office: _____	Date: _____
<u>SM/DRPH/SD Students</u>	
Academic Administrator: _____	Date: _____