CAP Petition to
EXCEED FRESHMAN CREDIT LIMIT

Instructions:
- Provide all Student, Academic Advisor, and Registration Information requested (pages 1 and 2).
- Print your statement in the Student Statement box below. Sign and date your statement.
- Ask your Freshman Advisor to write a brief statement in the box on page 2. Have your advisor sign and date her or his statement.
- Ask Dean Julie Norman (7-103) to check the appropriate box on page 2, indicating whether or not she supports your petition, and to add her signature and the date.
- Submit the completed petition to the CAP Office in 7-104 before the stated deadline:
  - Fall Term: Add Date, (fifth week of term).
  - Spring Term: January 15.
- Note: If your petition is approved, the Registrar’s Office will add a $50 processing fee to your term bill account.

Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>MIT ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>Telephone</td>
<td></td>
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</tbody>
</table>

Campus Address

Registration Information

<table>
<thead>
<tr>
<th>Term to Exceed Limit</th>
<th>Proposed Total Number of Units</th>
<th>Subjects to be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Subject Number</td>
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<td>Subject Number</td>
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Student Statement (Continue on page 2 or attach an additional sheet if necessary.)

Please answer the following questions. What are your educational reasons for seeking to exceed the freshman credit limit for this term? What evidence indicates your ability to complete this work successfully?

__________________________
Signature of Student

__________________________
Date

Page 1 of 2
Academic Advisor Information

<table>
<thead>
<tr>
<th>Name of Academic Advisor</th>
<th>Room</th>
<th>Email Address</th>
</tr>
</thead>
</table>

Academic Advisor Statement (may also be emailed to cap-help@mit.edu)

Answer the following questions. To what degree do you support this student’s request to exceed the Freshman credit limit? What evidence can you provide that indicates the student’s ability to complete this work successfully?

__________________________
Signature

__________________________
Date

Statement of Dean, Office of Undergraduate Advising and Academic Programming

☐ I support this petition and recommend that CAP approve it.
☐ I do not support this petition and recommend that CAP deny it.

__________________________
Signature

__________________________
Date

Julie B. Norman, Senior Associate Dean and Director, UAAP (7-103)

Student Statement, continued if necessary

For Office Use Only – Do Not Write Below This Line

<table>
<thead>
<tr>
<th>Petition Number</th>
<th>Date Petition is Complete</th>
<th>Previous Neglect</th>
</tr>
</thead>
</table>

Petition Review

Date
☐ Approved
☐ Approved with Neglect
☐ Denied

☐ By Chair
☐ By Committee

Staff Initials

CAP Date Stamp