Petition to Waive Surcharge – Registrar's Office

Instructions: Complete this Form thoroughly and **attach a signed program of study.** State Board of Regents policy mandates the students who take credit hours determined to be in excess of the degree program requirements are changed as a supplement. The policy permits a student to petition for a waiver if the excessive credits are necessary for the completion of the student's program of study. This policy is outlined in the General Catalog.
Return this form to the Registrar's Office, TSC 246, 1600 Old Main Hill Logan, UT 84322-1600

Student Information:

Last Name:	First Name:	Middle Name:
Student ID:	Date of Birth: Month / Day / Year	Email:

Please state the Reason you are seeking a surcharge waiver:

_____

_____

_____

*Please list ONLY the credits **earned** toward the current Program of Study

*1st Major Credits	*Dual Major Credits	Minor Credits	Emphasis Credits	Tested Language Credits
Semester Graduating	Total AP &/or Concurrent Credits (+)	Total Transfer Credits (=)	Total Credits not used	

To be completed by Advisor (the student must meet the first circumstance and at least one of the other requirements):

❑ the excessive credits are necessary for the student to complete the students program of study; and
❑ the excess credits are a result of circumstances where a substantial number of credits from a transferring institution could not be applied to the program of study; or
❑ the excess credits are a result of a reasonable enhancement of the student's major by the addition of a minor or emphasis to the program of study; or
❑ the excess credits are the result of a re-entry into the educational system by a student who may have accumulated a large number of credits, or even completed degrees, but where employment requirements obligate his or her return to college.

Advisor's Signature: _____ Date: _____

1st Major Advisor if Dual Major: _____ Date: _____

1st Major Associate Dean if Dual Major: _____ Date: _____

❑ Approved for Processing ❑ Denied Reason_____

Registrar's Office Signature: _____ Date: _____

Processed by: _____ Date: _____

Form may be mailed to Utah State University Registrar's Office 1600 Old Main Hill, Logan UT 84322-1600