



Registrar's Office
 501 Crescent Street
 New Haven, CT 06515-1355
 Phone: 203-392-5301
 Fax: 203-392-7144
 Email: Registrar@SouthernCT.edu
 Web: OneStop@SouthernCT.edu

Petition for an Irregular Schedule

A petition for an irregular schedule is defined as either a schedule in which a matriculated student is requesting to enroll in greater than 15 or 18 credits (graduate or undergraduate respectively) or when an undergraduate student is requesting to register in a graduate course. Students requesting a petition for an irregular schedule must have a GPA greater than or equal to 3.00. For financial aid eligibility courses must be part of an approved degree program.

Name: _____ Student ID: _____
 Email: _____ Phone: _____

_____ Dept. Course, Section _____ Dept. Course, Section _____ Dept. Course, Section
 Choose One: Fall Spring Summer Year: _____

To Be Completed By the Academic Advisor:
 Cumulative GPA _____ Major _____ Credits Completed _____ Credits needed for Graduation _____

I hereby request to take the following option: (Check only one)

- A Graduate courses for an undergraduate degree
- B Graduate courses for graduate credit
- C Above 15 credits (Full-time Graduate) Number of credits _____
- D Above 18 credits (Full-time Undergraduate) Number of credits _____

*Options **A & B**: Are only available to undergraduate seniors (90+ credits).

*Options **C & D**: Upon approval, you will be sent registration instructions to your Southern email. You will be assessed NON-REFUNDABLE Excess Credit Fees for each undergraduate or graduate credit beyond 18 credits at a rate equal to the charge for one credit of course tuition and fees. Dropping one of these courses, even if the total credits for undergraduate/graduate coursework falls below 18 credits, does not negate these fees.

Justification for your request:

Student Signature: _____ Date _____

Note: Students may [create a digital ID](#) using their SCSU email by clicking the signature block above, or the form may be accepted as an attachment from their SCSU email account.

For Official Use Only:

Academic Advisor's Signature: _____ Date: _____

Graduate Dean Signature (for options A,B,C): _____ Date: _____
 Email to GPSsubmit@SouthernCT.edu

School Dean's Signature (for option D): _____ Date: _____

Revised 01/19/2021