

Student Excess Hour Request

Directions: Route the Student Request to Respective Academic Dean via this form.

WITH A COPY OF THE DEGREE AUDIT AND/OR UNOFFICIAL TRANSCRIPTS

STUDENT NAME: _____ DATE: _____
 BLINN ID: _____ PHONE: _____
 STUDENT EMAIL: _____
 CURRENT STUDENT: Y/N IF NO, CURRENT SCHOOL: _____
 EXPECTED GRADUATION/TRANSFER DATE: _____
 MAJOR: _____ DIVISION: _____
 CURRENT GPA: _____ NUMBER Q DROPS Remaining: _____

SEMESTER	SESSION	COURSE	PRE-REQ MET/IN PROGRESS	CREDIT HOURS
TOTAL HOURS				

DEAN APPROVAL: ___ Yes ___ No

DEAN(S) SIGNATURE(S): _____ DATE: _____

ADDITIONAL IF NEEDED: _____ DATE: _____

ACADEMIC DEANS:

DIVISION

Agriculture, Natural Sciences, Health Sciences
 Humanities (including Liberal Arts Major)
 Math, Business, Engineering & Technology
 Social Sciences
 Visual and Performing Arts & Kinesiology
 Health Sciences

DEAN

Dean Elmer Godeny
 Dean Pat Westergaard
 Dean Max Hibbs
 Dean Brandon Franke
 Dean Marcelo Bussiki
 Dean Tom Lescarbeau

EMAIL

elmer.godeny@blinn.edu
pat.westergaard@blinn.edu
mhibbs@blinn.edu
bfranke@blinn.edu
mbussiki@blinn.edu
tom.lescarbeau@blinn.edu

SUBMIT COMPLETED FORM TO Leigh Seilheimer leigh.seilheimer@blinn.edu