

CLARK UNIVERSITY
Fifth Course Request Form
BLUE OR BLACK INK PEN ONLY

Name _____ Date: _____

Student ID#: _____ Class Standing: _____

Telephone: _____ Clark Email Address: _____

**Permission to enroll in 5.0 units is given only to those juniors and seniors who have attained a minimum cumulative GPA of 3.0 or a minimum term GPA of 3.0 in the previous semester.
(Sophomores with a minimum cumulative GPA of 3.60 may be considered for special approval, but not guaranteed.)**

I hereby request a fifth course for:

- Fall Semester, 20 ____
 Spring Semester, 20 ____

Please explain the reason for this request.

If there are exceptional circumstances which should be considered in your request, please provide additional information below.

*****Please note:** this request will be reviewed after the grades from the previous/most recent semester have been received and recorded by the Registrar's Office.

Upon review of your record, your request for a fifth course has been:

- _____ Denied. Student's academic performance does not warrant an approval.
- _____ Denied. Student's cumulative GPA is below the required GPA for sophomore approval.
- _____ Denied. Student has first-year standing. Fifth course approvals are not granted to first-year students.
- _____ Approved. Student meets the criteria for a fifth course.

Director, Academic Advising Center