

CAP Petition to EXCEED IAP CREDIT LIMIT

Instructions:

- Provide all Student, Registration, Academic Advisor, and Instructor Information requested (pages 1 and 2).
- Print your statement in the Student Statement box below. Sign and date your statement.
- Ask your Academic Advisor to write a brief statement in the box that begins below and continues on page 2. Have your advisor sign and date her or his statement.
- Ask the instructor of each of your proposed IAP subjects to write a brief signed and dated statement in a box on page 2.
- Statements may be attached as separate sheets or emailed to cap-help@mit.edu.
- Submit the completed petition to the CAP Office in 7-104 **before the last day of Final Exams in the Fall Term.**
- Note: If your petition is approved, the Registrar's Office will add a \$40 processing fee to your term bill account.

Student Information

Last Name		First Name			Middle Initial	MIT ID
Major Department	Year in School	Email Address	Campus Address			Telephone

Registration Information

Term to Exceed Limit	Proposed Total Number of Units	Subjects to be Taken											
		Subject #1	Units	<input type="checkbox"/> Grades <input type="checkbox"/> P/D/F <input type="checkbox"/> Listener	Subject #2	Units	<input type="checkbox"/> Grades <input type="checkbox"/> P/D/F <input type="checkbox"/> Listener	Subject #3	Units	<input type="checkbox"/> Grades <input type="checkbox"/> P/D/F <input type="checkbox"/> Listener			
IAP 2009													

Student Statement (Attach an additional sheet if necessary.)

Please answer the following questions. What are your educational reasons for seeking to register for more than 12 units of credit during this IAP? What evidence indicates your ability to complete this work successfully?

Signature of Student

Date

Academic Advisor Statement

Name of Academic Advisor	Room	Email Address	Telephone
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Please answer the following questions. To what degree do you support this student's request to exceed the 12-unit IAP Credit Limit? What evidence can you provide that indicates the student's ability to complete this work successfully?

(continue on page 2)

Academic Advisor's Statement, continued

Signature

Date

Instructor Statement, Subject #1

Subject Number

Instructor Name

Room

Email Address

Telephone

Please answer the following questions. How many hours, including class time, do you expect students to work for your IAP subject? To what degree do you support this student's request to exceed the 12-unit IAP Credit Limit? Why?

Signature

Date

Instructor Statement, Subject #2

Subject Number

Instructor Name

Room

Email Address

Telephone

Please answer the following questions. How many hours, including class time, do you expect students to work for your IAP subject? To what degree do you support this student's request to exceed the 12-unit IAP Credit Limit? Why?

Signature

Date

Instructor Statement, Subject #3

Subject Number

Instructor Name

Room

Email Address

Telephone

Please answer the following questions. How many hours, including class time, do you expect students to work for your IAP subject? To what degree do you support this student's request to exceed the 12-unit IAP Credit Limit? Why?

Signature

Date

For Office Use Only – Do Not Write Below This Line

CAP Date Stamp

Petition Number

Date Petition is Complete

Previous Neglect

Petition Review

Date

- Approved
 Approved with Neglect
 Denied

- By Chair
 By Committee

Staff Initials