



OFFICE USE ONLY
Received Date: _____
Name: _____

Authorization for 20 or More Credits

Student ID:	Last Name:	First Name:	GPA:	Advisor Name:

I authorize this student to take up to _____ credits _____ quarter 20 year.

The approved courses include:

Class Number	Subject Course Number	Credit
<i>Example 2494</i>	<i>ENGL&101</i>	<i>5</i>

Note to Student: You should first enroll for as many credits as you can, on or after your enrollment appointment date/time.

I understand that I am academically and financially responsible for the enrollment changes on this form. It is my responsibility to ensure that payments are made by the published due dates to prevent having my enrollment cancelled.

Student's Signature _____ **Date:** _____

Advisor Signature _____ **Date:** _____

Provide all of the information requested and obtain all required signatures. Submit to Enrollment Services, Bldg 7 or enrollmentservices@tacomacc.edu.