CAP Petition to
EXCEED LIMITS ON CROSS-REGISTRATION

Instructions:

- Identify yourself, your proposed registration, your Academic Advisor, and your Undergraduate Officer (pages 1 and 2).
- Print your statement in the Student Statement box below. Sign and date your statement. Attach another page if necessary.
- Ask your Academic Advisor and Undergraduate Officer to write brief signed and dated statements in the relevant boxes on page 2.
- Advisor's and Officer's statements may also be emailed to *cap@mit.edu.*
- Submit the completed petition form to the CAP Administrator in 11-101.
- Note: If your petition is approved, the Registrar's Office will add a $25 processing fee to your student account.

Student Information

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

Registration Information

Term to Exceed Limit	*Unit Totals*	*Subjects to be Taken*					
	MIT	*Subject Number*	*Units*	*Subject Number*	*Units*	*Subject Number*	*Units*
	Cross-Registered	*Subject Number*	*Units*	*Subject Number*	*Units*	*Subject Number*	*Units*

Student Statement (Attach an additional sheet if necessary.)

Please outline the circumstances that prompt your request to register for more cross-registered subjects than MIT subjects. Include a plan for completing any General Institute Requirements that you have not yet met.

Signature of Student *Date*

Academic Advisor Statement

Name of Academic Advisor	*Room*	*Email Address*

Please answer the following questions. To what extent do you support this student's request to take more cross-registered subjects than MIT subjects? Why? Is the student's plan for completing the degree realistic?

Advisor's Signature *Date*

Undergraduate Officer's Statement

Name	*Room*	*Email Address*

Please indicate the degree to which you support this request, and provide any clarifying or corroborating information that you can share.

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*