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@mit.edu.
- Submit the completed petition to the CAP Administrator in 11-101 **before the last day of Final Exams in the Fall Term.**
- Note: If your petition is approved, the Registrar's Office will add a $25 processing fee to your MITPAY account.

Student Information

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

Registration Information

Year to Exceed Limit	*Proposed Total Number of Units*	*Subjects to be Taken*					
		Subject #1	*Units*	❑ *Grades* ❑ *P/D/F*	*Subject #2*	*Units*	❑ *Grades* ❑ *P/D/F*
IAP _____							

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 (may also be emailed to cap@mit.edu)

Name of Academic Advisor	*Room*	*Email Address*

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?

_____

Signature *Date*

Instructor Statement, Subject #1 (may also be emailed to cap@mit.edu)

Subject Number	*Instructor Name*	*Room*	*Email Address*

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 (may also be emailed to cap@mit.edu)

Subject Number	*Instructor Name*	*Room*	*Email Address*

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*