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.

	1	First Name					14	iddle Ir	itial	MIT ID			
Last Name		riist Name					IVII	aale II	iiuai	WITTE			
Major Department	Year in School	Email Address					<u> </u>			Telephone			
Registration I	nformation												
Year to Exceed Limi	Proposed					Subj	ects to be	Taken					
IAP	Total Number of Units	Subject #1	Units		Grades P/D/F	Subject #2	Units		Grades P/D/F	Subject #3	Units		Grades P/D/F
Student State	ment (Attach a	n additional shee	et if nece	ssary.	.)	l				1	I	ı	
Juling tils IAF ?	what evidenc	e indicates you	r ability	to co	ncational omplete t	this work succ	cessfully	to reg	gister 10	r more than 12			
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Name of Academic Advisor	Room	Email Address
		you support this student's request to exceed the 12-unit IAP Credit Limit? s ability to complete this work successfully?
		(continue on page 2)

Academic Advisor's Statement, continued							
		Signature		 Date			
	so be emailed						
tructor Name		Room	Email Address				
				ts to work for your IAP subject?			
		Signature		 Date			
	so be emailed		15 707				
Instructor Name Room Email Address							
				ts to work for your IAP subject?			
		Signature		Date			
nent, Subject #3 (may als	so be emailed	to cap@mit.edu)					
Subject Number Instructor Name			Email Address				
				ts to work for your IAP subject?			
		Signature		 Date			
Only – Do Not Write	Below Thi	is Line		CAP Date Stamp			
Date Petition is Complete	Previous Negle	PCT					
1							
□ Approved □ Approved with Ne	glect	☐ By Chair☐ By Committee	Staff Initials				
	ent, Subject #1 (may also tructor Name ollowing questions. How mou support this student's name ollowing questions. How mou support this student's name ent, Subject #2 (may also tructor Name ollowing questions. How mou support this student's name ollowing questions. How mou support this student's name ollowing questions. How mou support this student's name our support this student's name Date Petition is Complete	ent, Subject #1 (may also be emailed tructor Name Dillowing questions. How many hours, is ou support this student's request to expect to expect the student's request to expect this student's request this student's	ructor Name Room Signature Room Sollowing questions. How many hours, including class time, ou support this student's request to exceed the 12-unit IAF Signature Lent, Subject #2 (may also be emailed to cap@mit.edu) tructor Name Room Signature Room Signature Room Signature Lent, Subject #3 (may also be emailed to cap@mit.edu) tructor Name Room Signature Lent, Subject #3 (may also be emailed to cap@mit.edu) tructor Name Room Signature Lent, Subject #3 (may also be emailed to cap@mit.edu) tructor Name Room Signature Lent, Subject #3 (may also be emailed to cap@mit.edu) tructor Name Room Signature Dillowing questions. How many hours, including class time, ou support this student's request to exceed the 12-unit IAF Signature Dillowing questions How many hours, including class time, ou support this student's request to exceed the 12-unit IAF Signature Date Petition is Complete Previous Neglect By Chair Approved Approved By Chair By Committee	ent, Subject #1 (may also be emailed to cap@mit.edu) Invotor Name			