Request for Exception to Credit Limit Policy



 $Student\ submit\ completed\ form\ to\ Academic\ Affairs,\ Clinical\ Curriculum:\ somclrk@uw.edu$

I approve for the following specialty: match.	to exceed the 32 credit hour or 16 weeks in a single specialty limit , for professional development and career	
Advisor Comments (if applicab	approved by the Department Clerkship Director:	
Print Name:	Signature:	Date: