



Credit Overload Request Form

University of Wisconsin Oshkosh
Oshkosh/Fox Valley/Fond du Lac

- ❖ Be advised that exceeding the maximum credit limits will result in additional tuition and fees. Please consult with Student Accounts in 236 Dempsey or call (920) 424-1332.
- ❖ Submitting the form: Oshkosh campus students turn in to the UARC (202 SSC) for final approval by an Academic Advisor. Fox/Fond du Lac (access campus) students turn in to your campus Solution Center.
- ❖ Please complete both sides of this form. Once the credit overload is approved, the form will be forward to the Registrar’s Office in 130 Dempsey and your Titan Web account will be adjusted to allow you to register for the credit overload. You will receive an email that you can register for the additional credits. Please allow 3-5 days for this process.

According to University Policy, credit overloads are only allowed under “**extraordinary circumstances**”. The maximum credit loads per semester are as follows:

Session	Maximum # of Credits
17 wks	21
14 wks	18
8 wks (summer)	9
7 wks	9
4 wks	6
3 wks	3

You must meet the following criteria for your credit overload request to be considered. If you do not meet the criteria below, the advisor will forward your request to the appropriate Assistant Director of Advising. You may be contacted in this instance.

- Your official GPA is greater than or equal to 3.00.
- You’ve earned grades in at least 16 credits at UW Oshkosh.
- There are extraordinary circumstances.
- You do not have numerous drops (or other indications of incompleteness of classes) on your record.
- You do not have any Incompletes. If so, a Change of Grade Form must be submitted to the Records Office (D 130) before submitting this form.

Major

Last Name First Name (Please Print)

Student ID #

Local Address City State ZIP

Telephone #

E-mail Address @uwosh.edu

Date

Credit Overload Request Form

Write the year and check the session for which you are making this request:

Fall 20_____:	<input type="checkbox"/> 14 wks	<input type="checkbox"/> 7 wks	<input type="checkbox"/> 3 wk interim
Spring 20_____:	<input type="checkbox"/> 14 wks	<input type="checkbox"/> 7 wks	<input type="checkbox"/> 3 wk interim
Summer 20_____:	<input type="checkbox"/> 8 wks	<input type="checkbox"/> 4 wks	

Please list all courses you plan to register for below including the course(s) you are requesting to enroll in as an overload.

Total # of proposed credits for the term: _____

	Class #	Subject	Catalog #	Section #	Credits	Session
Example	12345	History	201	001	3	14 wk

Justification for Overload Request

Please write a brief statement **justifying the overload you are requesting**. Explain how you will successfully complete all work by the end of the term. If denial of this request affects your graduation, please explain.

Student Signature Date

Faculty Advisor Signature (not required) Date

Office Use Only: Student's CGPA: _____

Student meets all criteria

Academic Advisor:	Approved*	Denied	_____ Signature	_____ Date
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Student does not meet the criteria

Assistant Director:	Approved*	Denied	_____ Signature	_____ Date
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COMMENTS: