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, emailed them at sa@uwosh.edu, or call (920) 424-1332.**
- ❖ **This form should be submitted to your academic advisor for approval.**
- ❖ **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 or emailed to twregistration@uwosh.edu. 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
14 wks	18
8 wks (summer)	9
7 wks	9
4 wks (summer)	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 incompletion 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 #

_____@uwosh.edu   _____
E-mail Address   Date

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

Fall 20_____: ☐14 wks ☐ 7 wks J-Term ☐ 3 wk interim
Spring 20_____: ☐14 wks ☐ 7 wks May-Term ☐ 3 wk interim
Summer 20_____: ☐ 8 wks ☐ 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

Student does not meet the criteria

Assistant Director: Approved*   Denied   _____

Signature   Date

COMMENTS: