

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	J-Term	<input type="checkbox"/> 3 wk interim
Spring 20_____:	<input type="checkbox"/> 14 wks	<input type="checkbox"/> 7 wks	May-Term	<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

Student does not meet the criteria

Assistant Director:

Approved*

Denied

Signature

Date

COMMENTS: