



Credit Overload Request

To be completed by the student.

Semester Fall _____ Spring _____ Summer _____ 20_____

Student Name _____ Student Number _____

Program _____ Number of credits completed _____ Grade Point Average _____

List Enrolled Courses and Credits

Course	Credits	Course	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Requested Overloaded Courses and Credits

CRN# & Course	Credits	CRN # & Course	Credits
_____	_____	_____	_____
_____	_____	_____	_____

Reason for overload

Student Signature _____ Date _____

Signatures

Overload Request: (please circle one) **Granted** **Denied**

Instructional V.P./Dean

Date

All signatures must be secured before submitting this request to the Records Office.

For Office Use Only:

Received: _____ Date Processed: _____ Staff: _____