



STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE
OFFICE OF THE REGISTRAR

CREDIT OVERLOAD FORM

Student Name _____ ID _____
Please print First Middle Last

Major _____ Degree _____

Class : Fresh 04; Sophomore 03; Junior 02; Senior 01; Graduate Program GR _____

Semester _____ Year _____

I request permission to take the an **overload for** _____ **credits**

because _____

The number of credits earned are: _____ My **Cumulative GPA** is _____.

Signature of the Student required _____ Date _____

Major Department Chair approval required for 22 – 25 credits.

Approval Granted: Yes _____ No _____ Department Chairperson Name: _____

Signature of Department Chairperson _____ Date _____

Additional signature of the Provost/Vice President for Academic Affairs is required for approval to take 25 or more credits.

Approval Granted: Yes _____ No _____

Signature of Provost/ VPAA _____ Date _____

This form with the Add –Drop form must be **submitted in person to the Registrar’s Office for processing** during the dates allowed for the registration for the semester including the ADD/DROP period.