

CREDIT OVERLOAD FORM

Required for students requesting to take more than 22 credits

Student Information:

Name:				ID#:
First		Middle	Last	
Email Address:				Phone:
Class: Freshman □	Sophomore \square	Junior \square	Senior □	Graduate □
Semester:	Year:		_ Degree/Majo	or:
I request permission to	take	(eredits becaus	e:
The number of credits	I've earned are	:	1	My Cumulative GPA is:
Student Signature				Date
******	*****	******	******	***********
Major Department C	Chair approval	required:		
Approval Granted: Ye	s □ No □	Department (Chairperson N	ame:
Department Chairperson Signature				Date
Additional signature to take 25 or more cr		/Vice Preside	ent for Acade	mic Affairs is required for approva
Approval Granted: Ye	s □ No □			
Provost/ VPAA Signature				Date

This form must be submitted in person to the Registrar's Office.

C: Credit Overload Form 032715