MARITIME COLLEGE
STATE UNIVERSITY OF NEW YORK

CREDIT OVERLOAD FORM

Required for students requesting to take <u>more than</u> 22 credits

<u>Student Information</u>:

Name:_____ID#: _____
First Middle Last

Email Address: _____ Phone: _____

Class: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐

Semester:_____ Year: _____ Degree/Major: _____

I request permission to take _____ **credits** because:

_____

_____

The number of credits I've earned are: _____My Cumulative GPA is: _____

_____ _____
Student Signature Date

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Major Department Chair approval required:

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

_____ _____
Department Chairperson Signature Date

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

Approval Granted: Yes ☐ No ☐

_____ _____
Provost/ VPAA Signature Date

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

C: Credit Overload Form 032715