

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 ☐ 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

Major Department Chair approval required:

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

Department Chairperson Signature Date

Additional signature of the School Dean is required for approval to take 25 or more credits.

Approval Granted: Yes ☐ No ☐

School Dean Signature Date

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