



## **CREDIT OVERLOAD FORM**

### **Student Information:**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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 Signature Date

### **Additional approval 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 to the Registrar's Office for processing.**

C: Credit Overload Form 091423

Office of the Registrar

6 Pennyfield Avenue, Throggs Neck, NY 10465 | 718.409.7400 option 1 | [www.sunymaritime.edu](http://www.sunymaritime.edu)