MARITIME COLLEGE
STATE UNIVERSITY OF NEW YORK

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

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Major Department Chair approval required:

Approval Granted: Yes☐   No ☐

_____   _____
        Department Chairperson Signature   Date

   Additional approval of the Provost is required for approval to take 25 or more credits.

Approval Granted: Yes ☐ No ☐

_____   _____
                Provost Signature   Date

This form must be submitted to the Registrar's Office for processing.

C: Credit Overload Form 11/26/25

Office of the Registrar

6 Pennyfield Avenue, Throggs Neck, NY 10465 | 718.409.7400 option 1| www.sunymaritime.edu