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# Mitchell Technical Institute

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## Semester Credit Over-Load Request Form

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

Program \_\_\_\_\_

Semester for Request \_\_\_\_\_ # of Credits \_\_\_\_\_

Reason for credit overload (over 21 credits.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### OFFICE USE ONLY:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
Dean of Academics

\_\_\_\_\_  
Date