



## 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 or Registrar

\_\_\_\_\_  
Date

