



REQUEST FOR CREDIT OVERLOAD

Name _____ ID # _____

Address _____

Phone _____

Major _____

Advisor _____

I request permission to take _____ credit hours during the _____
Semester.

Reason for overload: _____

Approved by advisor:

Signature of Advisor

Date

Attach a copy of your unofficial transcript to this request and submit to the Dean of the
school of your major.

____Dean Approved

____Dean Denied

Signature of Dean

Date

- Dean's Office will forward form to Office of the Registrar, Horrigan Hall rm 205
- Registrar's Office will send copy of approved or denied form to the student.
- Student may process registration changes after receiving the approved form.