

REQUEST FOR CREDIT OVERLOAD

Name _____ ID # _____

Phone _____ Major _____

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

I understand that I may be billed for any credits in excess of 19 hours (see the [maximum course load policy](#) in the Catalog). This includes credits registered after the add/drop period, even if accompanied by a withdrawal (e.g. withdrawing from a course resulting in a W grade and replacing it with an Internship).

Reason for overload: _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Attach a copy of your unofficial transcript to this request and submit to the Department Chair of your major, followed by the Dean of the school of your major.

____ Dept. Chair Approved ____ Dept. Chair Denied

Department Chair's Signature _____ Date _____

____ Dean Approved ____ Dean Denied

Academic Dean's Signature _____ Date _____

Return completed form to:

Bellarmino University Office of the Registrar
registrar@bellarmine.edu

Centro, Horrigan Hall 205

Phone: 502-272-8133
Fax: 502-272-7734