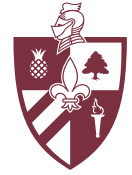


REQUEST FOR CREDIT OVERLOAD



BELLARMINE
UNIVERSITY
IN VERITATIS AMORE

Student's Name: _____

ID#: _____ Anticipated Graduation Date: _____

Academic Program/Major: _____ Minor: _____

I request permission to take _____ credit hours during the _____ semester/year.

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 Signature: _____ Date: _____

Advisor 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: _____

Submit completed and signed form to:

Bellarmino University Office of the Registrar
Centro, Horrigan Hall 205

registrar@bellarmine.edu

Phone: 502.272.8133