

## Undergraduate Credit Hour Overload Request Form

Fall, Spring and Summer Terms

1-18 Credits: No additional permission required

19-21 Credits: Faculty Advisor and Chair

22-24 Credits: Faculty Advisor, Chair and Dean

25-27 Credits: Faculty Advisor, Chair, Dean and Vice President for Academic Affairs

Student's Name \_\_\_\_\_  
Last First Middle Initial

Tech ID: \_\_\_\_\_

1. TO BE COMPLETED BY STUDENT

My classification is: \_\_\_\_\_FR \_\_\_\_\_SO \_\_\_\_\_JR \_\_\_\_\_SR

My major(s) : \_\_\_\_\_

I have completed \_\_\_\_\_ credits with a cumulative GPA of \_\_\_\_\_

I request permission to enroll for \_\_\_\_\_ credits in \_\_\_\_\_ term, 20\_\_\_\_

My reasons for this request are as follows: \_\_\_\_\_

2. TO BE COMPLETED BY THE STUDENT'S ADVISOR

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

3. TO BE COMPLETED BY DEPARTMENT CHAIR/DIRECTOR OF FYE (Undeclared Students)

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

4. TO BE COMPLETED BY COLLEGE DEAN (If required)

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

5. TO BE COMPLETED BY VICE PRESIDENT FOR ACADEMIC AFFAIRS (If required)

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Student returns completed form to her/his Student Relations Coordinator who will authorize overrides.

This form is available in alternative format by contacting the Office of Academic Affairs, 507-389-1333, WA 315