



Undergraduate Credit Overload Request

Last Name _____ First Name _____ Student J# _____
 Cell Phone # _____ #Credits Over the Maximum _____
 Current Major(s) _____ Option(s) _____
 Current Minor(s) _____ Certificate(s) _____
 Cumulative GPA _____ (will be verified by registrar's office _____)
initials/date

CRN	Course Title	# Credits
CRN	Course Title	# Credits
CRN	Course Title	# Credits

Justification _____

**By submitting this form, you agree to assume the additional fees associated with overloads.
 Please see the [Bursar's Office](#) for details.**

Student Signature	Print Name	Date
Advisor Signature	Print Name	Date
Chair Signature	Print Name	Date
Dean Signature	Print Name	Date

Please return this form to the registrar's office via the methods noted below

Processed by _____	Date _____	6/21/2021
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