Request for Credit Overload

NAME: _____________________________________________________________________________

(Last)                                                              (First)

N number: ______________________________________                       GPA: ________________

E-mail: _________________________________________

Total number of credits you will be enrolled in________

Semester (check one)

☐ Fall 200____
☐ Spring 200____

Course Number: ________________________   Course Name: _______________________________

In extreme circumstances, students may be permitted to take more than 15 credits in a given semester. Approvals will only be considered if:

• The student has a grade point average of at least 3.0.
• Has met all core requirements

I agree to the following:

1. Course load is 15 credits per semester
2. Students must maintain a minimum 3.0 GPA to be granted a credit overload
3. I will follow the block schedule as indicated.
4. I must enroll in a minimum of 12 credits every semester and pay flat rate tuition fees to maintain full time status as required by the full time program.
5. Standard tuition refund and scholastic standing policies are in effect regardless of credit load.
6. If I withdraw from any additional credits after the 100% tuition refund date, I will not be eligible to request a credit overload in subsequent semester.
7. I am prepared for a very challenging workload.
8. I may overload in only one semester
9. Change of status may result in additional prorated tuition charges.

You must submit a written academic plan on how you intend to complete your course work. Please note, credit overloads will be contingent upon review of your cumulative GPA.

Student signature: ___________________________________     Date: ______________________________

Advisor signature: ___________________________________    Date: ______________________________

Ce: Student

Student file (original)

Revised: 06/28/06