Credit Overload Permission

Student Information

M-number ________________________ Last Name ________________________ First Name ________________________

Credit Information

Number of Credits to Attempt ________________________ Semester/Year ________________________

Current Cumulative GPA ________________________ Class Standing ________________________

Reason

Reason

Approvals

UG Academic Advisor (Print Name) ________________________ Signature ________________________ Date ________________________
(More than 18 Credits Only)

Graduate Academic Advisor (Print Name) ________________________ Signature ________________________ Date ________________________
(More than 13 Credits Only)

Dean of Students (Print Name) ________________________ Signature ________________________ Date ________________________
(Academic Probation Only)

Completed form must be submitted to the Registrar’s Office

Revised 8/27/2018