

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: _____

Student returns completed form to her/his Student Advising Director who will authorize overrides.

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