



CREDIT OVERLOAD APPEAL

Students who wish to enroll in more than 18 credits in a single semester must secure permission from the Assistant Dean for Academic Affairs. Complete this form and submit it to your College of General Studies Advisor. **This form must be submitted at least 5 business days prior to the Add/Drop deadline.**

Student Name: _____

Major: _____

Peoplesoft #: _____ Intended Date of Graduation: _____

Overall GPA: _____ Semester: _____

Total # of credits you wish to take this semester: _____

Course student wishes to add over the limit (Dept Code/Subject, Catalog Number, Title and # of Credits):

Subject: _____ Catalog #: _____

Title: _____ Credits: _____

Is this course a letter-grade course or will it be S/NC (Pass/Fail)? LG S/NC

Other courses student is scheduled to take simultaneously (List dept. code and number, title of course and # of credits):

Subject: _____ Catalog #: _____

Title: _____ Credits: _____

Subject: _____ Catalog #: _____

Title: _____ Credits: _____

Subject: _____ Catalog #: _____

Title: _____ Credits: _____

Subject: _____ Catalog #: _____

Title: _____ Credits: _____

Subject: _____ Catalog #: _____

Title: _____ Credits: _____

Subject: _____ Catalog #: _____

Title: _____ Credits: _____

Has student successfully earned 18 or more credits in a prior semester?

Yes Not attempted No

If no, explain: _____

Below, please state why you wish to exceed the 18-credit limit and provide a justification for why you think you can manage this additional academic workload

Approximate # of hours per week you must devote to responsibilities outside of classes (employment or military service, volunteer and/or family responsibilities: # of Hours _____

By enrolling in more than 18 credits, I understand that I am taking on significant academic responsibilities this semester beyond the typical workload. I agree to exercise more careful time-management and organization skills and assume responsibility for taking on these credits. *In addition, I realize that I will be financially responsible for the per-credit tuition costs for each additional credit over the 18-credit limit.* I assume full responsibility for this enrollment decision.

Student signature: _____ Date: _____

OFFICE USE ONLY

Advisor Approves Course Repeat: Yes No

Signature: _____ Date: _____

Comments:

Approved:

Not approved (reason): _____

Assistant Dean: _____ Date: _____