

## REQUEST FOR EXCESS CREDITS - 21 OR MORE CREDITS

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Class: \_\_\_\_\_ Box: \_\_\_\_\_ Ext: \_\_\_\_\_

Semester: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Schedule:

College	Dept.	Course #	Credits

Why are you requesting excess credits?

Why do you feel that you can handle this overload successfully?

Total Credits:

I approve \_\_\_\_\_ do not approve \_\_\_\_\_ this request.

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**Adviser's Signature**

**Date**

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**Signature of Academic Dean**

**Date**

**RETURN COMPLETED FORM TO THE OFFICE OF THE REGISTRAR, 6 MARY LYON HALL.**