

Petition for Credit Overload

Semester I _____ II _____

Academic Year _____

The Dean of the Faculty reviews petitions for credit overload **only during the first two weeks of each semester**. Such credit overloads are granted only in exceptional circumstances, and prior academic performance is an important criterion. Students who are deficient in course credits should consider partial credit courses or summer school rather than credit overloads. **Students on Academic Probation may not petition for a credit overload. First-semester, first-year students may not petition for a credit overload. The maximum credit overload for which a student may petition in a semester is 5.500 course credits.**

Complete all information requested and return this form to the Office of the Dean of the Faculty.

Name _____ Class year _____

Campus Box _____ Major _____

Please list the courses for which you are currently registered:

Call No.	Dept.	Course and Section No.	Course Title	Course Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am petitioning for credit overload for the following course:

Instructor's Printed Name _____

Instructor's Signature _____

[signifies that if the credit overload petition is granted, a space is available in the course for this student]

This petition refers only to the credit overload course. If it is approved, the course will be added to your semester schedule. All other adjustments to your course schedule must be completed using the add-drop registration materials and within the specified deadlines.

A petition submitted after the add deadline (end of the second week of classes), if approved, is subject to a late registration fee of \$100.00 per course adjustment. This fee applies equally to full and fractional credit courses. The decision of the Dean of the Faculty on credit overload petitions is final.

Please state fully and specifically your need for a credit overload and the grounds on which you believe your petition should be granted.

Adviser's Comments:

Adviser's Signature _____ (print name)

APPROVAL:

_____ Date _____
Office of the Dean of the Faculty