Credit Overload Application

Name (Last, First): ____________________________ Date: _____________

Student ID Number: ____________________________

Term: ______

Class Title: ____________________________

Class Number: ______ (Example: MATH 1011)

Section Number: ______ (Example: MATH 1011-001)

Recitation and/or Lab Number: ______

Number of Credits: ______

Taking as Pass/Fail or Letter Grade: ______

Brief explanation of why you wish to exceed your allowed credit limit:
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Credit overload requests will be reviewed the first week of the term for which you are applying. You will be notified regarding the decision via email and if approved, you will be added to the class.