COLLEGE OF BASIC AND APPLIED SCIENCES
REQUEST FOR CREDIT OVERLOAD

For approval, take this form to your assigned College Advisor in KUC 322

ALL HOLDS MUST BE REMOVED
BEFORE BEING PROCESSED

Name of Student ____________________________
M # ____________________________

Major ____________________________
Semester, Year ____________________________

(If Summer, indicate hours per session)

Total Semester Hours Desired ______
Full Term ____________________________

Total Hours Earned _______________
May Term (S1) ____________________________

Quality Point Average (GPA)________
June Term (S2) ____________________________

Reason for Requesting Overload

1. Quality Point Average
2. Candidate for Degree Next Convocation
3. Repeating ______ Hours
4. Other: Explain ____________________________

NOTE: Exceptions to the following rules require the signature of the department chairman:
• Students must have a 3.5 average on all college work attempted in order to take 21 hours in a semester
• Students must have a 3.0 average in order to take 19 hours provided that 1 hour is MS, PHED activity or CSCI 1000.
• Graduating seniors may also be allowed an overload in the last semester prior to graduation.

DATE ____________________________ SIGNATURE OF FACULTY MENTOR

DATE ____________________________ SIGNATURE OF DEPARTMENT CHAIR (See note above)