COLLEGE OF BASIC AND APPLIED SCIENCES  
REQUEST FOR CREDIT OVERLOAD  
For approval, take this form to your assigned College Advisor in DSB 120 
ALL HOLDS MUST BE REMOVED 
BEFORE BEING PROCESSED

Name of Student ____________________________  
M # ____________________________

Major ____________________________  
Semester, Year ____________________________

Total Semester Hours Desired ________  
Full Term ____________________________

Total Hours Earned ________________  
May Term (S1) ________________

Quality Point Average (GPA) ________________  
June Term (S2) ________________

July Term (S3) ________________  
RODP Term (R) ________________

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.

________________________________________  SIGNATURE OF FACULTY MENTOR

________________________________________  SIGNATURE OF DEPARTMENT CHAIR (See note above)