CREDIT OVERLOAD
This form is used to request permission to increase your semester credit hour maximum.

<table>
<thead>
<tr>
<th>Student’s GNumber</th>
<th>Last Name, First Name</th>
<th>Mason E-mail address</th>
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My classification is:
- [ ] Graduate
- [ ] Undergraduate
- [ ] Non-Degree Graduate
- [ ] Non-Degree Undergraduate

Student’s Primary Program: ____________________________________________________________

Degree Students Only

Semester Requested: [ ] Fall  [ ] Spring  [ ] Summer  Year ________

Cumulative GPA ________ Previous Semester GPA ________ Do you have any Incompletes? ________

Please list your proposed schedule in the space provided below:

<table>
<thead>
<tr>
<th>Course Title and Number</th>
<th>Section Number</th>
<th>Credits</th>
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Total Credits Requested

It is very important to assess all of your commitments when requesting a credit overload. Refer to the University Catalog regarding Academic Load and Employment.

Employment and other commitments for the semester of the overload: ____________________________________________

_________________________________________________________________________________________________

Reason for the overload: ____________________________________________________________________________

(A detailed explanation can also be attached to this form.)

- [ ] I understand that requests are not effective unless I obtain the required signatures below.
- [ ] I certify that the above information is accurate and not in violation of the Honor Code.
- [ ] Acceptance of requests for Dean’s review does not guarantee approval or a definite date when a decision can be reached.
- [ ] I have read and will comply with the rules, regulations, requirements and academic policies of my college and the university.
- [ ] I assume all responsibilities for adjusting my schedule as needed during the add/drop period. I understand that no late adjustments will be allowed if I do not register in that time period for an approved overload.
- [ ] If required by my college, I have attached a copy of my Patriot Web transcript.

Student’s Signature ___________________________________________ ___________________ Date ______________

APPROVAL

Total Hours Granted: _______________

Advisor Approval (If required by school) ___________________________________ Date ______________

Undergraduate Approval—

School/College undergraduate academic affairs office/student services: ___________________________ Date ______________

Graduate Approval—Department Chair ___________________________________ Date ______________

Non-Degree Approval—

Center for Academic Advising, Retention and Transitions (3600 SUB1) ___________________________ Date ______________