



Office of the University Registrar
 Student Union 1, Room 2101
 4400 University Drive, MS 3D1
 Fairfax, VA 22030
 (703) 993-2441, Fax (703) 993-4668
 Email: regsite@gmu.edu

CREDIT OVERLOAD

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

Student's GNumber _____

Last Name, First Name _____

Mason E-mail address _____

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:

Course Title and Number	Section Number	Credits
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 _____

Registrar's Initials: _____/_____