



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

**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 |
|--------------------------------|----------------|---------|
|                                |                |         |
|                                |                |         |
|                                |                |         |
|                                |                |         |
|                                |                |         |
|                                |                |         |
|                                |                |         |
| <b>Total Credits Requested</b> |                |         |

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:** \_\_\_\_\_

**DEPARTMENT APPROVAL** (If required by school) \_\_\_\_\_ Date \_\_\_\_\_

**UNDERGRADUATE APPROVAL** - Assistant/Associate Dean \_\_\_\_\_ Date \_\_\_\_\_

**GRADUATE APPROVAL**- Department Chair \_\_\_\_\_ Date \_\_\_\_\_

**NON-DEGREE APPROVAL** - Assistant/Associate Dean \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Initials: \_\_\_\_\_/\_\_\_\_\_