

## **REQUEST FOR CREDIT HOURS OVERLOAD**

Please note: fill out this form <u>completely</u> or your request will be delayed.

NAME:					
LAST	FIRST	MIDDLE			
LOCAL PHONE:	WORK PHONE:				
		(We must communicate with your STU email.)			
Student I.D. number (7 digits):					
1. Today's date:(month/day/year)					
2. Current time: (am/pm)					
3. Check applicable request (if you an	re requesting both, check both):				
I am requesting:					
hours in summer $-$ max. 9)	than 16 credit hours in fall or spring				
4. This request is for the	semester in				
4. This request is for the	semester in g, or Summer) (Y	 ear)			
(Fall, Spring	g, or Summer) (Y ach semester separately, do not mix	fear)			
(Fall, Spring	g, or Summer) (Y ach semester separately, do not mix	ear) courses/semesters.			
(Fall, Spring <b>NOTE:</b> Please complete one for ea	g, or Summer) (Y ach semester separately, do not mix	ear) courses/semesters.			
<ul> <li>(Fall, Spring NOTE: Please complete one for each of this semester, I will here.</li> <li>6. I currently plan to graduate in</li> </ul>	g, or Summer) (Y ach semester separately, do not mix have completed credit hours; I (number)	ear) courses/semesters. will be a(1L, 2L, 3L, 3L+ in			
<ul> <li>(Fall, Spring NOTE: Please complete one for each of this semester, I will here.</li> <li>6. I currently plan to graduate in</li> </ul>	g, or Summer) (Y ach semester separately, do not mix have completed credit hours; I (number)	ear) courses/semesters. will be a(1L, 2L, 3L, 3L+			
<ul> <li>(Fall, Spring NOTE: Please complete one for each of this semester, I will H</li> <li>6. I currently plan to graduate in(M.</li> <li>7. I am a:</li> </ul>	g, or Summer) (Y ach semester separately, do not mix have completed credit hours; I (number)	ear) courses/semesters. will be a(1L, 2L, 3L, 3L+ in			
<ul> <li>(Fall, Spring NOTE: Please complete one for each of this semester, I will H</li> <li>6. I currently plan to graduate in(M)</li> <li>7. I am a: flex student</li> </ul>	g, or Summer) (Y ach semester separately, do not mix have completed credit hours; I (number)	ear) courses/semesters. will be a(1L, 2L, 3L, 3L+ in			
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- 8. I request to be registered for a total of \_\_\_\_\_ credits.
- 9. The courses I have already registered for are:

Course No.	Section	Title of Course	Time/Days	Professor	Number of Credits
TOTAL					

10. The course(s) I wish to add that will cause an overload are:

Course No.	Section	Title of Course to be Added	Time/Days	Professor	Number of Credits

11. The reason(s) for my request for a credit hours overload are:

Student signature:		-	
Associate or Assistant Dean Decision:	Approved	Not approved	
Comments, if any:			_
Associate or Assistant Dean signature: _		Date:	
Registrar's Office signature:		Date:	

Please keep in mind that even if the overload is approved, there may no longer be seats available in the class once this approval is returned to you and the Registrar's Office for processing. If the class you have entered for the overload is full, the registrar staff will place you on the waitlist. You will receive an email from the Registrar confirming the transaction. Should you receive an automatic email indicating that a seat has become available, you will need to contact the Registrar at lawregistrar@stu.edu to be manually registered in the class.