Office of the Registrar

Credit Overload Application

(All fields outlined in red are REQUIRED. An answer must be provided in order to save form)

Name: Campus Email: Major: Requested Term:				PWID #:		
				Phone #:		
				Current Overall GPA:		
				Requested number of credits:		
Justificat	ion for	overload	:			
Current S	Schedu	le:				
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
The cours	se(s) I	wish to a	dd are:			
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
(CRN #)	(Sub.)	(Course #)	(Course Title)	(# of Credits)		
I understan	d that ir	n addition to	the basic tuition fee, th	nere is a per credit charge for credits scheduled in excess of 18.		
Student S	Signatı	ure		Date		
Advisor o	r Depa	ortment C	hair Signature	Date		
Dean's Si	gnatuı	re		Date		

Instructions:

- Student to complete application and submit to Advisor or Department Chair for approval. **Digital signatures are preferred.**
- Advisor or Department Chair to approve and digitally sign form. Form is then forwarded to Dean's office.
- Dean to digitally sign form and Admin Assistant/designee to email approved form to Registrar@pennwest.edu
- Please follow naming convention of: TERM_PWID_CREDIT OVERLOAD
 - o Example: 202230_P11100023_CREDIT OVERLOAD