Credit Overload Application

Student's Name: _____ PW ID Number: _____

Current UG Major: _____ Current Overall PennWest GPA: _____

Requested Term/Year: Fall ____ Winter ____ Spring ____ Summer ____

Total number of requested credits: _____

Justification for overload:

Current Schedule:

CRN	Subject	Course #	Section	Course Title	Credits

Courses to be added:

CRN	Subject	Course #	Section	Course Title	Credits

I understand that in addition to the basic tuition fee, there is a per credit charge for any credits scheduled in excess of 18.

Student Signature: _____ Date: _____

Advisor/Depat Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Instructions:

- Student: Please download form, complete, sign and email to the Advisor/Department Chair for approval.
- Advisor/Dept chair: Once all signatures are in place, email document to Registrar@pennwest.edu.
- Registrar office: Process and email confirmation to student, Advisor, and Department Chair.