

REQUEST FOR 19+ CREDIT LOAD

This request should be made before the start of the semester. This form is filled-out-by the **student's school office**. The completed form is to be carried by the student to the VPAA's office, Siena Hall 219. **Expect a 24 - 48 hour delay with VPAA.**

STUDENT NAME: _____ SID # _____

SCHOOL: _____ GRADUATION DATE: _____

MAJOR: _____ OVERALL-GPA: _____ LAST-SEMESTER'S-GPA: _____

CREDIT-HOUR LOAD REQUESTED: _____

REASON FOR WANTING 19+ HOURS:

Has the student taken 18 or more hours before? YES NO (circle one)

If YES to having taken 18 or more hours, GPA during the most recent semester when 18 or more hours were taken: _____

Is it reasonable to expect that this student can have a successful semester with the 19+ credit-load? YES NO (circle one)

COMMENTS:

Form filled in by: _____ DATE: _____

Office of Academic Affairs approval: _____ DATE: _____

If the request is approved, the student will obtain the completed form from the VPAA's office and carry the completed form to his/her School Office.

DISTRIBUTION:

ORIGINAL: REGISTRAR'S OFFICE

COPY:

ACADEMIC AFFAIRS OFFICE

SCHOOL OFFICE

STUDENT