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 202. 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

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