Nutrition

UNDERGRADUATE OVERLOAD OF CREDITS FORM

________________________________________________________________________
Name ___________________________ Student ID # ___________________________
________________________________________________________________________
Student email ___________________________ Date ___________________________

For Semester of: __________ Fall __________ Spring __________ 20________

FOR OVERLOAD OF CREDITS DURING WINTER AND SUMMER SESSIONS I and II, PLEASE
SUBMIT A CONTINUING EDUCATION CREDIT OVERLOAD PETITION (different from this form,
found online).

Advisor’s signature: ___________________________ Date __________

List of Courses/Credits Currently Enrolled In

1) ___________________________ 6) ___________________________
2) ___________________________ 7) ___________________________
3) ___________________________ 8) ___________________________
4) ___________________________ 9) ___________________________
5) ___________________________ 10) ___________________________

Course & Credits you are looking to add:

1) ___________________________
2) ___________________________

Total Number of Credits requested: __________