DEPARTMENT OF PUBLIC HEALTH
UNDERGRADUATE OVERLOAD OF CREDITS FORM

Name

Student e-mail

Student ID #

Date

Cum GPA: ________  Department GPA: ________

For Semester of: ________ Fall 20___ ________ Spring 20___

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

Undergraduate Program Director’s Signature:

(Dr. Gloria DiFulvio) 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: ________ credits

Attach an Explanation of Why You are Taking Additional Courses and How You Plan to Manage the Extra Workload: