Department of Kinesiology

UNDERGRADUATE OVERLOAD OF CREDITS FORM

_____ _____

Name ***Student ID #***

_____ _____

Student's UMass email ***Date***

For Semester of: _____ ***Fall*** _____ ***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.

Advisor's signature: _____

(Academic Advisor) **Date**

To obtain the KIN advisor's signature, bring this form to The Kinesiology Main Office (Totman 110) and place into Leeanne Leclerc's mailbox for processing. Credit overrides are authorized by the KIN advisor, not by the Registrar's Office in the Whitmore Building.

List of Courses & Credits Currently Enrolled In

EX: KIN 100 (4 credits)

1)

2)

3)

4)

5)

6)

7)

8)

9)

Course & Credits you are looking to add:

1)

2)

Total Number of Credits requested (including ones already enrolled): _____

** For credit requests at 20, we expect a GPA of 3.0+, for credits requests for 21, we expect a GPA of 3.3+**

** For credit requests above 21, students must have a 3.5 GPA or higher, or will need to petition to the Academic Dean**