Department of Kinesiology
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 CREDIT OVERLOAD PETITION (different from this form) TO CONTINUING EDUCATION.

Advisor’s signature: _________________________________________________________
(Stacy Feek, Academic Advisor)       Date

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

List of Courses & Credits Currently Enrolled In

1) EX: KIN 100 (4 credits) 6)  

2) 7) 

3) 8) 

4) 9) 

5) 10) 

Course & Credits you are looking to add:

1)  

2)  

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

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