

Saint Cloud State University Application for Undergraduate Overload Credit

Student ID# _____ Semester/Session _____ Year _____

Name (please print) _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

1. How many credits have you completed at St. Cloud State University? _____ Cumulative GPA _____

2. When do you anticipate graduating? Semester _____ Year _____

3. Reason for request _____

4. Which course (s) do you wish to take?

Course/Sec. _____ Course ID# _____ Days/Time _____ #Credits _____

Course/Sec. _____ Course ID# _____ Days/Time _____ #Credits _____

Course/Sec. _____ Course ID# _____ Days/Time _____ #Credits _____

Course/Sec. _____ Course ID# _____ Days/Time _____ #Credits _____

Course/Sec. _____ Course ID# _____ Days/Time _____ #Credits _____

Course/Sec. _____ Course ID# _____ Days/Time _____ #Credits _____

Course/Sec. _____ Course ID# _____ Days/Time _____ #Credits _____

Total Credits _____

Student's Signature _____ Date _____

Recommend _____ Do Not Recommend _____

Advisor's Signature _____ Date _____

Approve _____ Disapprove _____

Dean's or Designee's Signature _____ Date _____