



- If admitted to major or intended major: Return this form to Dean's Office for your college/school.
- If undecided on a major: Return this form to Academic Appeals & Probation Office, CH 210.
- If special student/non degree student: Return this form to Academic Appeals & Probation Office, CH 210.

APPLICATION FOR UNDERGRADUATE OVERLOAD CREDIT

SCSU Student I.D. _____ Semester/Session _____ Year _____ Email: _____

First _____ Middle _____ Last _____ Previous _____

Address _____ City _____ State _____ Zip Code _____ Phone Number _____

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

When do you anticipate graduating? Semester _____ Year _____

Reason for request: _____

Attach an unofficial transcript showing current class schedule. List overload courses below:

Department	Number	Credits	Days	Time

Total number of credits requested for semester. _____

By checking this box, you consent to use electronic signatures rather than paper documents.

Student Signature: _____ Date: _____

<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Advisors Name (please print): _____
	<input type="checkbox"/> By checking this box, you consent to use electronic signatures rather than paper documents.
	_____ Advisors signature (Required) Date

Decision of Dean: Approve Disapprove

By checking this box, you consent to use electronic signatures rather than paper documents.

Signature: _____ Date: _____