

SCSU Student ID # \_\_\_\_\_ Semester/Session \_\_\_\_\_ Year \_\_\_\_\_

Name (please print) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_@stcloudstate.edu

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 of Graduate Studies' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Credit Load – Graduate Policy**

- A graduate student enrolled for 8 credits or more is considered a full-time student for academic purposes.
- The recommended normal load in a semester is 8-12 credits. The maximum allowable load without special approval is 15 credits.
- The maximum load during summer (the combined total for Intersession, Summer Session I, and Summer Session II) is 15 credits.
- Load includes the total credits of all courses carried, including on-campus, off-campus, on-line, and any other college courses taken concurrently with those at St. Cloud State University.
- A student who wishes to enroll for more than the established maximum must obtain approvals from his or her advisor and the Dean of Graduate Studies.

Issued by Office of Academic Affairs May 6, 2008

### **Instructions for completing this form:**

1. Provide all requested information.
2. List **all** the courses you intend to take during the semester. We must have the full list of proposed courses to act on the overload request.
3. Have your advisor sign the form.
4. Submit the completed, signed form to:

School of Graduate Studies  
St. Cloud State University  
121 Administrative Services Building  
720 Fourth Avenue South  
St. Cloud, MN 56301-4498

Or fax to 320.308.5371

5. Allow 5 to 7 days for review of your request.
6. A copy of this form with a decision will be sent to you through the U.S. Mail.