CREDIT OVERLOAD REQUEST

SCJ CREDIT LOAD:

carry between 1-19 credit hours, b Office of Academic & Student Ser		
	leted	ner
By requesting an overload, I as	gree that I have met all of the above	criteria.
Student Name	RUID	School Code
Signature	E-mail	Telephone #
Course Title and # of Credits	Registration Index #	Semester for Overload
Current # of Registered Credits	Total # of Credits attempting to r	register for
	For Office use only	
☐ Approved ☐ Denied		
Dean's Office Approval	Date	