# COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
# APPLICATION FOR APPROVAL OF EXCESS ACADEMIC LOAD

Name _____ Banner ID @_____

Major _____ College _____ Advisor _____

Local Address _____ Phone _____

E-mail: _____

*Permission is granted based on academic progress*

| Request | Requirements |
|---|---|
| 18 credits | 3.00 GPA |
| 19 credits | 3.25 GPA |
| 20 credits | 4.00 GPA |

| Class Standing | Transfer Credits | IUP credits earned | Credits in progress | Cumulative GPA | OFFICE USE: Verified by: |
|---|---|---|---|---|---|
| FR SO<br>JR SR | | | | | Date: |

I request permission to schedule the following courses for the _____ semester of _____:

| Course Number | Course Title | # of credits |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of credits for which approval is requested: _____

Justification for request:

_____

The above application for _____ credits is: _____Approved _____Denied

_____

College Dean or Associate Dean Date

NOTE:

* You will be notified if your request is not approved.

6/10