INDIANA UNIVERSITY OF PENNSYLVANIA

APPLICATION FOR APPROVAL OF EXCESS ACADEMIC LOAD

Complete ALL information below. Incomplete forms will NOT be processed.

Name: Student ID: P#

IUP Email: Level: Undergraduate   Graduate

Major/Program: Current Cumulative GPA

Please Indicate your requests below for the semester of academic year 20_____- 20_____.

APPROVAL IS REQUESTED FOR: Fall   Winter   Spring   Summer

Level: Undergraduate   Graduate

Undergraduate Fall/Spring	**Undergraduate Winter Term**	**Graduate Fall/Spring/Summer**
18 cr. require a 2.50-2.75 CGPA	4.01-5 cr. require a 3.00 CGPA	15+ cr. require a min.3.25 CGPA
19 cr. require a 2.76-3.00 CGPA	6+ cr. require a 3.25+ CGPA	**Graduate Winter**
20 cr. require a 3.01-3.25 CGPA		4.01+ cr. require a min. 3.25 CGPA
20+ cr. require a 3.26+ CGPA		

Permission is granted based on your academic progress and at the discretion of your academic advisor or graduate coordinator.

Justification for Request:

List all coursework you <u>plan</u> to register for if approval is granted.

Subject	Course	Section	Title	Credits

Total number of credits for which approval is requested:

Advisor/ Coordinator	Date:	Approved	Denied
Chairperson	Date:	Approved	Denied
Assistant Dean	Date:	Approved	Denied