

Application for Approval of Excess Academic Load
College of Natural Sciences and Mathematics

Student's Name _____ Banner ID @ _____

Major _____ Advisor _____

Local Address _____ Phone _____

IUP E-Mail Address _____

I request permission to schedule the following courses and credit load for the _____ semester of academic year _____: *(fall, summer, spring)*

IUP Credits Completed _____ QPA _____

List ***all*** courses you plan to take.

Course Number	Course Title	Credits

Total number of credits for which approval is requested →

Justification for this request:

The above application for _____ credits is approved denied

Advisor's Name _____ Signature _____

The above application for _____ credits is approved denied

Associate Dean _____ Date _____

Distribution *after* approval:

- College office retains original
- Copy to student's advisor
- Copy to student