

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	
	<u>Undergraduate Fall/Spring</u>	<u>Undergraduate Winter Term</u>	<u>Graduate Fall/Spring/Summer</u>
	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	<u>Graduate Winter</u>
	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 plan to register for if approval is granted.

Subject	Course	Section	Title	Credits
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Total number of credits for which approval is requested:

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