INDIANA UNIVERSITY OF PENNSYLVANIA

APPLICATION FOR APPROVAL OF EXCESS ACADEMIC LOAD

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

Name:				Banner ID:				
IUP Email:			Level:	Undergraduate		Graduate		
Major/Program:			Current Cumulative GPA					
Please Indicate your requests below for the semester of academic year 20 20								
APPR	OVAL IS REQUESTED F	OR:	Fall	Winter	Spring	Summer		
Level:	Undergradua	ite	Graduate					
	Undergraduate Fall/Spr	ing <u>Un</u>	ndergraduate Winte	<u>r Term</u>	<u>Graduate F</u>	Fall/Spring/Summer		
	18 cr. require a 2.50-2.75	CGPA 4.0	01-5 cr. require a 3.0	0 CGPA	15+ cr. requ	uire a min.3.25 CGPA		
	19 cr. require a 2.76-3.00	CGPA 6+	cr. require a 3.25+ C	GPA	<u>Graduate \</u>	<u>Winter</u>		
	20 cr. require a 3.01-3.25	CGPA			4.01+ cr. re	quire a min. 3.25 CGPA		
	20+ cr. require a 3.26+ C0	GPA						
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		