



Return form to the registrar's office at [psu-registrar@plymouth.edu](mailto:psu-registrar@plymouth.edu).

## Undergraduate Credit Overload Request for Fall 2024 & Spring 2025

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_

Cell Phone # \_\_\_\_\_ # Credits Over the Maximum \_\_\_\_\_

Degree: \_\_\_ BA \_\_\_ BS \_\_\_ BFA \_\_\_ Certificate Term: \_\_\_ Fall \_\_\_ Spring Year \_\_\_\_\_

Major \_\_\_\_\_ Option \_\_\_\_\_

Major \_\_\_\_\_ Option \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ (will be verified by registrar's office \_\_\_\_\_ )  
*initials/date*

**By submitting this form, you agree to assume the additional fees associated with overloads.  
Please see [Student Financial Services](#) for details.**

*Once processed by the registrar's office, you will need to register yourself via myPlymouth for the course(s).*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The signatures of Advisor and Academic Student Advocate are **required only if:**

1. The student has a GPA of less than 2.33 OR
2. The student is requesting an overload greater than 4 credits. The maximum credits for fall/spring is 18 credits.

Signature below indicates that I am in support of the student's plan as noted above.

_____ <b>Advisor Signature</b>	_____ <b>Print Name</b>	_____ <b>Date</b>
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_____ <b>Academic Student Advocate Signature</b>	_____ <b>Print Name</b>	_____ <b>Date</b>
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Processed by: _____ Date _____	2/2024
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