



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

## Undergraduate Credit Overload Request for Summer 2024 & Winterim 2025

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

Term: \_\_\_\_\_ Winterim (8 credits maximum) \_\_\_\_\_ Summer (18 credits maximum) Year \_\_\_\_\_

Degree: \_\_\_\_\_ BA \_\_\_\_\_ BS \_\_\_\_\_ BFA \_\_\_\_\_ Certificate

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

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

Total # Credits Seeking to Take (e.g., 20) \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ (will be verified by registrar's office)  
(approval signatures may be required as noted below) (if below 2.33, approval signature required as noted below)

Please see [Student Financial Services](#) for details on tuition and fees for summer and winterim courses.

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

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

- The signature of the Academic Student Advocate is **required** if the *winterim* student has a GPA of less than 2.33 and is seeking to take 8 credits.
- The signature of the Academic Student Advocate and an academic affairs officer is **required** if:
  1. The *winterim* student is seeking to take more than 8 credits.
  2. The *summer* student is seeking to take more than 18 credits

Signature below indicates that I approve of the student's plan as noted above.

\_\_\_\_\_  
Academic Student Advocate Signature      Print Name      Date

\_\_\_\_\_  
Academic Affairs Officer Signature      Print Name      Date

Processed by: _____	Date _____	5/2024
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