

Undergraduate Credit Overload Request for Fall 2025 & Spring 2026

| Last Name | First Name | | | Student ID | | |
|---|---|---|-------------------------------|--|--|--|
| # Credits Over the Maximum | its Over the Maximum | | | Cumulative GPA | | |
| Degree:BABSBFA | Certificate | Term: | Fall | Spring Year | | |
| Major | | Option | | | | |
| Major | | Option | | | | |
| Once processed by the registrar's office, ye | e see <u>Student Fin</u> ou will need to | <mark>ancial Service</mark> register you | s for details prself via n | s. nyPlymouth for the course(s) while | | |
| registration is open. Otherwise, a late add | (see <u>academic</u> | <u>calendar f</u> or | r dates) fo | rm will need to accompany this form. | | |
| Student Signature | Date | | | | | |
| The signatures of Advisor and Academic Stude 1. The student has a GPA of less than 2.3 2. The student is requesting an overload g | 3 OR | | | dits for fall/spring is 18 credits. | | |
| Signature below indicates that I am in support | of the student's | plan as noted | above. | | | |
| Advisor Signature | Print Name | | | Date | | |
| Academic Student Advocate Signature | Print Name | | | Date | | |
| Processed by: Date_ | | (| CGPA verificatio | on 2/2025 | | |