## Minnesota State University, Mankato Office of Academic Affairs WA 315

## Undergraduate Credit Hour Overload Request Form

Fall, Spring and Summer Terms
1-18 Credits: No additional permission required
19-21 Credits: Faculty Advisor and Chair
22-24 Credits: Faculty Advisor, Chair and Dean
25-27 Credits: Faculty Advisor, Chair, Dean and Vice President for Academic Affairs

	s Name				
ch ID:	Last		First		Middle Initial
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1.	TO BE COMPLETE:		_	CD	
	•		SOJR		
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			with a cumulative GPA		
	• •		credits in		
	My reasons for this re	equest are as foll	lows:		
2.	TO BE COMPLETE	D BY THE STU	DENT'S ADVISOR		
	Approv	ve	Disapprove		
	Signature:		Name:		Date:
	Comments:				
3.			MENT CHAIR/DIRECT	OR OF FYE (Undeclare	d Students)
3.	Approv	ve	Disapprove	·	
3.	Approv	ve		·	
3.	Approv		Disapprove		Date:
	Approv Signature: Comments:	ve	Disapprove Name:		Date:
<ol> <li>4.</li> </ol>	Approv Signature: Comments: TO BE COMPLETE.	D BY COLLEG	Disapprove Name:  E DEAN (If required)		Date:
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4.	Approving Signature: Approving Signature: Approving Signature: Comments: Comments:	D BY COLLEG	Disapprove Name:  E DEAN (If required) Disapprove Name:  ESIDENT FOR ACADE		Date:
4.	Approvi	D BY COLLEG	Disapprove Name:  E DEAN (If required) Disapprove Name:  ESIDENT FOR ACADE	MIC AFFAIRS (If requi	Date:

Student returns completed form to her/his Student Relations Coordinator who will authorize overrides.

This form is available in alternative format by contacting the Office of Academic Affairs, 507-389-1333, WA 315