



Credit Overload Request Form

Undergraduate Advising Resource Center University of Wisconsin Oshkosh

OSHKOSH

- ❖ **Be advised that exceeding the maximum credit limits will result in additional tuition and fees. Please consult with Student Accounts in Dempsey 236 of call (920) 424-1332**
- ❖ **This form must be submitted to the UARC (SSC 202) for final approval by an Academic Advisor.**
- ❖ Please complete both pages of the form. Once the credit overload has been approved, the form will be forwarded to the Registrar’s Office in Dempsey 130 and your Titan Web account will be adjusted to allow you to register for the credit overload. You will receive an email that you can register for the additional credits. Please allow 3-5 days for this process.

According to University Policy, credit overloads are only allowed under “**extraordinary circumstances**”. The maximum credit loads per semester are as follows:

Session	Maximum # of Credits
17 wks	21
14 wks	18
8 wks (summer)	9
7 wks	9
4 wks (summer)	6
3 wks	3

You must meet the following criteria for your credit overload request to be considered. If you do not meet the criteria below, the advisor will forward your request to the appropriate Assistant Director of Advising. You may be contacted in this instance.

- Your official GPA is greater than or equal to 3.00
- You’ve earned grades in at least 16 credits at UW Oshkosh
- There are extraordinary circumstances.
- You do not have numerous drops (or other indications of incompletions of classes) on your record.
- You do not have incompletes. If so, a Change of Grade Form must be submitted to the Records Office (Dempsey 130) before submitting this form

Name _____ Date _____
Last First MI

Local Address _____
Street City State Zip

Student ID _____ Campus Email _____@uwosh.edu

Phone (____) _____

Major _____

Credit Overload Request Form

Write the Year and check the session for which you are making this request:

Fall 20_____:	<input type="checkbox"/> 14 wks	<input type="checkbox"/> 14 wks	<input type="checkbox"/> 3 wk interim
Spring 20_____:	<input type="checkbox"/> 14 wks	<input type="checkbox"/> 14 wks	<input type="checkbox"/> 3 wk interim
Summer 20_____:	<input type="checkbox"/> 8wks	<input type="checkbox"/> 4 wks	

Please list all courses you plan to register for below including the course(s) you are requesting to enroll in as an overload.

Total # of proposed credits for the term: _____

	Class #	Subject	Catalog #	Section #	Credits	Session
Example	12345	History	201	001	3	14 wk

Justification for Overload Request

Please type a brief statement **justifying the overload you are requesting**. Explain how you will successfully complete all work by the end of the term. If denial of this request affects your graduation please explain.

Student Signature _____ Date _____

Faculty Advisor Signature _____ Date _____
(not required)

Office Use Only: Students CGPA: _____

Student meets all criteria
 Academic Advisor: Approved* Denied Signature _____ Date _____

Student does not meet the criteria
 Assistant Director: Approved* Denied Signature _____ Date _____

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