Minnesota State University, Mankato Academic Affairs - Office of the Provost WA 315

Undergraduate Credit Hour Overload Request Form

1-18 (19-21 22-24	Spring and Summer Terms Credits: No additional permission Credits: Faculty Advisor and Cha Credits: Faculty Advisor, Chair a Credits: Faculty Advisor, Chair, 1	air and Dean	President for Curriculu	<u>m</u>
Student	's Name Last	First		Middle Initial
Tech II	Last D:	1 11 51		
1.	TO BE COMPLETED BY STUDE	NT		
	My classification is:FR	SOJR	_SR	
	My major(s) :			
	I have completed credi			
	I request permission to enroll for	credits in	term, 20	
	My reasons for this request are as for			
2.	TO BE COMPLETED BY THE STUDENT'S ADVISOR			
	Approve	Disapprove		
	Signature:	Name:		Date:
	Comments:			
3.	TO BE COMPLETED BY DEPAR Approve Signature: Comments:	Disapprove Name:	· · · · · · · · · · · · · · · · · · ·	Date:
4.	TO BE COMPLETED BY COLLEC	GE DEAN (If required) Disapprove		Date:
5.	Comments: TO BE COMPLETED BY ASSOCI	IATE VICE PRESIDENT FO Disapprove		
	Comments:			Date

Student returns completed form to her/his/they Student Advising Director who will authorize overrides.

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