

Credit Overload Petition



Student Name: _____ Cortland ID Number: _____

Major: _____ Semester: _____ Year: _____ GPA: _____

List all courses by course number (i.e. BIO 110, EDU 255, HLH 509) that you are registered for or plan on taking during the semester of the credit overload:

CRN	Subject Code	Course Number	Title	Credit Hours

Will you also be taking courses at another institution? Yes No If “yes,” list courses below:

Total Number of credits student is authorized to register for at Cortland: _____

When approved for overload credits, it is understood that you may be scheduled for more than two final exams in one day. Per semester undergraduate maximum – 18 credit hours, graduate maximum – 14 credit hours.

Student Signature: _____ Date: _____

Advisor Approval: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Advisor / Associate Dean Comments: