



Request for Credit Overload

DISCLAIMER: Please download the form, fill out all information, SAVE the form to your computer and then submit your completed application to your Dean's office.

(Failure to save the form will result in a loss of all typed information)

Eberly College of Science & Tech ~ Eberly Hall 330 ~ Phone 724/938-4169 ~ stonick@calu.edu
College of Education and Liberal Arts ~ Duda Hall 111 ~ Phone 724/938-4240 ~ lacey_m@calu.edu

Last Name: _____ First Name: _____ CWID No: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Major: _____ Current Overall GPA: _____

Requested Term: _____ Requested number of credits: _____

Current Schedule:

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

The course(s) I wish to add are:

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

(CRN #) (Sub.) (Course #) (Course Title) (# of Credits)

I understand that in addition to the basic tuition fee, there is a per credit charge for credits scheduled in excess of 18.

Student Signature Date

Advisor or Department Chair Signature Date

Dean's Signature Date