



MarymountManhattan

Office of Academic Advisement

Request for Course Overload

This request must be submitted with your registration form at the time you register.

MAXIMUM COURSE LOAD

Fall/Spring Semester: 18 credits Summer Session: 6 credits January Session: 3 credits

STUDENT'S NAME: _____ MMC ID#: _____

Please print clearly

SEMESTER: _____

COURSE LIST

CREDITS

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

TOTAL CREDITS: _____

APPROVAL

I have met with the above-named student. I believe that s/he is capable of successfully completing the program specified above. I would recommend that approval be granted for extra credit.

REASON FOR REQUEST:

FACULTY ADVISOR SIGNATURE: _____ DATE: _____

APPROVAL FOR MORE THAN 18 CREDITS ALSO REQUIRES SIGNATURE OF THE ASSISTANT VICE PRESIDENT AND DEAN OF THE CENTER FOR ACADEMIC EXCELLENCE

Assistant Vice President and Dean of the Center for Academic Excellence

Date

GPA: _____