Office of the Dean  
School of Science  

Request for Increase in Maximum Course Load  

Date: ________________  
Student Name:_______________________________ ID:____________  
Major: _______________CGPA: _________ Email:_________________  
Semester/Year Maximum Credit will be in force:____________________  

The above named student has requested to enroll in 5 course units to meet program requirements. I have examined the student’s transcript to certify that the student’s cgpa is 3.3 or higher. (If this requirement is not met, but circumstances warrant the increase, an explanation should be attached.) This student has been advised that a course load of more than 4.5 course units is strenuous and has indicated that he/she wishes to take on this schedule. Also, the student has been advised that this request is for one semester only.  

Reason for request:  
____________________________________________________________________  
____________________________________________________________________  
____________________________________________________________________  
____________________________________________________________________  

Department Approval:     ____yes       ____no  
Chairperson Signature:___________________________  

School Approval:    ____yes     ____no  
Dean or Assistant Dean Signature:___________________________  

(This form should be taken to the Department Chair first and if approved at that level, taken to the Assistant Dean of the School of Science by the student.)