Office of the Dean School of Science

Request for Increase in Maximum Course Load

Date:			
Student Name:		ID:	
Major:	CGPA:	Email:	
Semester/Year Maximum	m Credit will be	e in force:	
The above named studer program requirements. It that the student's cgpa is circumstances warrant the This student has been admits is strenuous and has schedule. Also, the student semester only. Reason for request:	I have examined as 3.3 or higher. The increase, an elevised that a count indicated that	d the student's transcript (If this requirement is no explanation should be attured load of more than 4. he/she wishes to take or	to certify ot met, but cached.) 5 course this
Department Approval:	yes	no	
Chairperson Signature:_			
School Approval:	_yesno		
Dean or Assistant Dean	Signature:		
(This form should be take that level, taken to the A student.)	-		