

Application for Approval of Excess Academic Load
College of Health and Human Services

Student's Name _____ Banner ID @ _____

Major _____ Advisor _____

Phone _____ IUP E-Mail Address _____

I request permission to schedule the following courses and credit load for the

FALL WINTER SPRING SUMMER semester of academic year 20____ - 20____.

IUP Credits Completed _____ Cumulative GPA _____ Major GPA _____

List ALL courses you **plan** to take.

Course Number	Course Title	Credits
Total number of credits for which approval is requested		

Justification for this request:

FOR ADVISOR: This application for _____ credits is recommended not recommended

Advisor's Signature _____ Date _____

FOR DEAN'S ASSOCIATE: This application for _____ credits is approved denied

Dean's Associate Signature _____ Date _____

Note: In the Fall, Spring, and Summer semesters, the minimum cumulative GPA required to take 18 credits is 2.50, 19 credits is 2.75, and 20+ credits is 3.50. In the Winter semester, the minimum cumulative GPA required to take more than 4 credits is 3.00.