



# COURSE OVERLOAD REQUEST FOR PERMISSION

Revised 12/5/19 JD

Office of the Registrar  
1570 Baltimore Pike  
Lincoln University, PA 19352  
484-365-8087:Phone 484-365-8116:Fax

Last Name	First Name	Middle Initial	Student ID#
_____	_____	_____	_____

**Lincoln University Overload Policy:** Undergraduate students should consider taking more than 18 credits (an overload) in a semester only under exceptional circumstances and only after analyzing the situation carefully with their Academic Advisor and Department Chair. A student who (1) has a cumulative GPA of 3.50 or better and (2) is not a freshman may take as many as 22 credits in a single semester. A student who is expected to graduate at the end of the semester may enroll in as many as 22 credits only if they have a cumulative GPA of 3.00 or better.

In petitioning to take more than 18 credits in one semester, I understand that:

- Credit overload approvals do not override prerequisites.
- This approval will not apply if a class section is full.
- If this credit overload request is necessary for an Independent Study or Tutorial, this form must be sent with the Independent Study or Tutorial course form.
- I assume all responsibilities for adjusting my schedule as needed during the drop/add period.
- I am aware of the study time needed to successfully complete this number of credit hours.
- I will be subject to additional charges based on the number of overload credits.

Class Level:     Freshman                       Sophomore                       Junior                       Senior

Major(s): \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Semester/Year of Request (e.g. Fall 2020): \_\_\_\_\_

Course No./Section (e.g. MAT 111-01): \_\_\_\_\_

Course Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_

Total Semester Credits (if approved): \_\_\_\_\_

Reason for Overload:

**By typing your name in the signature box, you are agreeing that this electronic signature is the legal equivalent of your handwritten signature on this form.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean/Associate Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Processed by: _____	Date: _____
Upon completion, please forward to the Office of the Registrar	