

# Credit Overload Request Form

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_

Term/Year: \_\_\_\_\_

## INSTRUCTIONS:

After completing Step 1 and Step 2, please make an appointment with your advisor for review. Completion of this form DOES NOT guarantee approval of request.

Step 1:

Please indicate whether you meet the following requirements:

I am currently enrolled at full-time status \_\_\_\_\_ Yes \_\_\_\_\_ No  
I do not have any pending Incomplete "I" grades \_\_\_\_\_ Yes \_\_\_\_\_ No  
I have not been on academic probation/suspension before \_\_\_\_\_ Yes \_\_\_\_\_ No  
I have a current cumulative GPA of 2.75 or higher \_\_\_\_\_ Yes \_\_\_\_\_ No  
I completed 12 credits per term for the past two terms \_\_\_\_\_ Yes \_\_\_\_\_ No  
I did not receive any grades below a "C" in the  
previous two terms of attendance at UCC \_\_\_\_\_ Yes \_\_\_\_\_ No

Step 2:

Please attach a written statement explaining your reason for seeking approval to register over full-time status.

Step 3:

Make an appointment with your academic advisor for initial review of your request.

I certify that all the information included in this request is true and accurate to the best of my knowledge. I consent to and accept all policies and procedures that govern my enrollment at Umpqua Community College. I am responsible for officially withdrawing from any course in which I am enrolled. Failure to do so may result in a failing grade.

I understand that I am financially liable for all costs associated with my courses, including tuition and fees, whether or not I receive any financial assistance in the form of grants, loans or payments from any third party sources. If a drop or withdraw occurs after the 1st week of the term, I am still responsible to pay for the class. My academic schedule must comply with the federal financial aid and/or veteran's benefits. Unapproved changes may result in repayment and/or loss of financial assistance.

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

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Decision regarding Credit Overload Request:

\_\_\_\_\_ Approved for \_\_\_\_\_ credits \_\_\_\_\_ Declined

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

Director of Advising and Career Services