

SAINT JOSEPH'S COLLEGE
278 WHITES BRIDGE ROAD, STANDISH, MAINE 04084
Registrar's Office (207) 893-7798

CREDIT OVERLOAD REQUEST FORM

STUDENT NAME:

STUDENT I.D. #:

SEMESTER/YEAR:

MAJOR:

MINOR (if any):

NUMBER OF CREDITS REQUESTED ABOVE 19:

ACCUMULATIVE GPA :

REASON(S) FOR THIS CREDIT OVERLOAD:

**I UNDERSTAND THAT I WILL BE ASSESSED ADDITIONAL
TUITION FOR EACH CREDIT ABOVE 19.**

(Contact the Treasurer's office for details.)

SIGNATURE OF STUDENT

DATE

THIS COMPLETED FORM MUST BE DELIVERED TO THE REGISTRAR'S OFFICE PRIOR TO
THE ADD/DROP DEADLINE FOR THE SEMESTER OF THE REQUESTED OVERLOAD

RECEIVED BY

KJP LMM AER

DATE :