

**Office of the Dean
School of Science**

Request for Increase in Maximum Course Load

Date: _____

Student Name: _____ ID: _____

Major: _____ Email: _____ CGPA: _____

Semester/Year Maximum Credit will be in force: _____

The above named student has requested to enroll in 5 course units to meet program requirements. I have examined the student's transcript to certify that the student's GPA is 3.3 or higher. (If this requirement is not met, but circumstances warrant the increase, an explanation should be attached.) This student has been advised that a course load of more than 4.5 course units is strenuous and has indicated that he/she wishes to take on this schedule. Also, the student has been advised that this request is for one semester only.

Reason for request:

Major Department Approval: ___yes ___no

Major Chairperson Signature: _____

School Approval: ___yes ___no

Dean or Assistant Dean Signature: _____

(This form should be taken to the major Department Chair first (not the subject to be added) and if approved at that level, taken to the Assistant Dean of the School of Science by the student.)