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.)