

KEENE STATE COLLEGE
CREDIT OVERLOAD REQUEST FORM

Name: _____ Student I.D. _____

Local Address _____
(Street) (City) (State) (Zip)

Local Phone: _____ E-mail : _____

Major: _____ Total Credits Earned: _____

Advisor: _____ Cumulative Average: _____

I Wish to Attempt: _____ Credits for the _____ Semester.

LIST ALL COURSES

NOTE: There is an additional tuition charge at your in-state/out of state rate for each credit beyond 20 credits.

Course Prefix/Number	Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason For Attempting More than (20) Credits:

(Signature)

(Date)

.....
___ APPROVED

___ NOT APPROVED

COMMENTS: _____

(Director of Academic and Career Advising)

(Date)

RETURN THIS FORM TO THE FRONT DESK IN ACADEMIC & CAREER ADVISING