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

04-18-08