

Credit Overload

Purpose: Used by all students requesting approval to exceed the maximum credit load of a college/school.

Student Instructions:

- 1. Register via CheckMarq for the maximum number of credits you are allowed before completing this form.
- Complete Section 1 & 2 of this form, using a computer.a. a handwritten form will not be accepted.
- b. an incomplete form or this form without your rationale letter, will not be processed and will be returned to you for completion.

- Print the form using the 'Print Form' button.
 Sign the form in Section 3; a digital signature is not acceptable.
 Obtain the signature of your adviser in Section 4, if required.
- 6. Write a rationale letter explaining your need for the credit overload.
- 7. Submit this form along with your rationale letter to your college/school dean's office for review, before the last day of registration for the class listed below.

Note:

- a. this approval will not apply if a class section is full. You must obtain a permission number to enroll in a full section.
- b. if approved, you will be registered for the class. If denied, you will be notified by your college.

College/School Instructions:

- Designate approval or denial, stamp the form in Section 5 and notify the student.
 If before the Add/Drop deadline, register the student.

Section 1: Student Information

- 3. If after the Add/Drop deadline, OTR will register the student.

4. Scan the form to the Office of the Registrar via ImageNow.

Note: If this credit overload request is approved for enrollment in an Independent Study, this form must be sent with the Independent Study course form.

Name Last name, First name, Middle name			MUID		
Email		@marquette.edu			
College/School	Major/Program (e.g. Philosophy)		Expected Graduation Term		
Section 2: Course Information					
I hereby request to be registered for a total of	credits, during		. If approved, please register me in the following course:		
		Term/Year			
	Catalog Number (e.g. 1001)	ber Section Number (e.g. 101) Class Number Permission Number			
Associated Class Numbers (for Lab, Quiz, Discussion, etc.)					
Section 3: Student Signature I request to be allowed to exceed the maximum successful with this overload. I am attaching m			nderstand the requirements and additional work needed to be		
Signature of Student			Date		
Section 4: Adviser's Signature An adviser's signature is required for students. Signature of Adviser			Date		
Section 5: College/School Approval					
Approved Denied					
College/School Stamp			Date		

MAXIMUM CREDIT LOADS	Fall/Caring	I Cassian	*C		F-11/0	10	+0
UNDERGRADUATE COLLEGE		J Session		GRADUATE AND PROFESSIONAL SCHOOLS	Fall/Spring	J Session	*Summer
Arts and Sciences	20	4	8/16	Dentistry	27	N/A	19
Business Administration	19	4	8/16	Graduate School	13	4	7/13
Communication	19	4	8/16	TAs and RAs	10	4	7
Education	20	4	8/16	Business Grad Programs	13	4	7/13
Engineering	20	4	8/16	Direct Entry MSN	16	N/A	16
Health Sciences	19	4	8/16	Graduate Dental Studies	18	N/A	18
Nursing	18	4	8/16	Health Sciences Professional	21	N/A	18
				Law	18	N/A	12

^{*}Summer term maximum credit load: UG 8 credits per session, 16 total credits for the term; GS & GSM 7 credits per session, 13 total credits for the term. Law School: students may take no more than 7 credits during the first session and no more than 6 in the second session.