



Application for Excess Load

The student is responsible for printing an unofficial transcript. The advisor will verify the student's cumulative G.P.A. **MINIMUM CUMULATIVE G.P.A OF 3.00 IS RECOMMENDED FOR EVERY EXCESS LOAD REQUEST.**

The normal load for a semester is 16 credit hours (summer session, seven hours). Students can enroll for a maximum of 18 hours without an advisor's signature. Enrollment for any additional credits beyond 18 credit hours (19-21 credit hours, summer session 8-9 credit hours) **requires the signature of the advisor and the appropriate department Chair.**

No student should take more than 21 credit hours in a regular semester (9 summer session). Waiver of 21 maximum credit rule may be granted **only** by the Associate Provost if recommended by the Department Chair. A waiver may be granted for extenuating circumstances. However, a student will not be permitted to register for more than 23 credit hours (9 summer session) in *any* term.

The student is expected to fill in the requested information before obtaining signatures of advisor and department Chair, and Associate Provost (when required). **Application for Excess Load form must be returned by DSU faculty or staff, either in person, via campus mail, or sent to dsu.onestop@dickinsonstate.edu.** If the student was not successfully registered, an email will be sent to the student and their advisor.

THIS FORM WILL NOT BE ACCEPTED FROM THE STUDENT.

Name _____ Student ID# _____

Email _____ Date _____

Year in College _____ Anticipated Graduation Term (ex. Spring 2020) _____

Total hours requested for this semester _____ Term Requested _____

Cumulative G.P.A. _____ Last Semester's G.P.A. _____

Course(s) in which student is to be enrolled: _____ Permission Number (if required): _____

Course Prefix	Course #	Class Number	Course Title	Credits

Enrollment permitted if class is closed. _____ Date _____
Signature of instructor (required if class is closed)

Signature of advisor (required) - indicates approval of request Date _____

Signature of department Chair (required) - indicates approval of request Date _____

Approval and signature of the Associate Provost is required when requesting over 21 (9 summer) credit hours.

Signature of Associate Provost _____ Date _____

Completed by the One Stop	Name _____	Date _____
____ Student successfully registered in the requested course.		
____ Student was not registered for the following reason(s):		
____ Academic or Business Office hold prevented registration		
____ Requested course was full OR prerequisites have not been met (the appropriate form should be submitted to avoid this issue)		
____ Other as Explained:		