

DICKINSON STATE UNIVERSITY

Application for Excess Load

STUDENT IS RESPONSIBLE FOR PRINTING AND ATTACHING UNOFFICIAL TRANSCRIPT TO THIS FORM. 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.**

UNDERGRADUATE STUDENTS

The normal load for a semester is 16 credit hours (summer session, 12 credit 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 13-15 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 (15 summer session).** Waiver of 21 maximum credit rule may be granted **only** by the college dean 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 (15 summer session) in any term.**

GRADUATE STUDENTS

The maximum per semester credit for a graduate student is nine semester hours for fall and spring, (seven credits for summer term). Enrollment for additional credits beyond 9 credit hours, (seven credit hours for summer term) **requires the signature of the graduate advisor.**

The student is expected to fill in the requested information before obtaining signatures of advisor and department chair, and college dean (when required). **Application or Excess Load form must be returned by DSU faculty or staff. THIS FORM WILL NOT BE ACCEPTED FROM THE STUDENT.**

Name \_\_\_\_\_ EMPLID# \_\_\_\_\_ Date \_\_\_\_\_

Year in College \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_ Last Semester G.P.A. \_\_\_\_\_

Total hours requested for this semester \_\_\_\_\_ Term Requested \_\_\_\_\_

Reason for requesting excess load: \_\_\_\_\_

Course in which student is to be enrolled:

Course Prefix	Course Number	Class Number	Course Title	Credits

\_\_\_\_\_  
DATE \_\_\_\_\_  
**SIGNATURE OF ADVISOR (REQUIRED) --- INDICATES APPROVAL OF REQUEST**

\_\_\_\_\_  
DATE \_\_\_\_\_  
**SIGNATURE OF MAJOR DEPT. CHAIR (REQUIRED) --- INDICATES APPROVAL OF REQUEST**



Approval and signature of college dean is required when requesting over 21 credit hours.

Signature of college dean: \_\_\_\_\_ Date: \_\_\_\_\_