



Purchase College

STATE UNIVERSITY OF NEW YORK

SCHOOL OF LIBERAL STUDIES & CONTINUING EDUCATION PERMISSION FOR CREDIT OVERLOAD

Name _____ ID _____
 Street _____ Semester _____
 City _____ State _____ Zip _____ Phone _____
 Email _____ Cell Phone _____

LIST ALL COURSES YOU WISH TO TAKE THIS SEMESTER:

Course #	Course Title	# Credits	Dates	Days/Times

Are you currently enrolled in a degree program? _____

If so, at what college? _____

What is your major? _____

Approximately how many total credits do you have? _____

What is your cumulative GPA? _____

What was the last semester you took college courses? _____

How many credits did you take? _____

What were your grades for that semester? _____

How many hours per week will you work this semester? _____

Will you play for any Purchase sports teams this semester? _____

Please explain why you need a course overload (use back if necessary).

In order to avoid being closed out, please register for the maximum number of credits allowed while you are waiting for approval of your overload request.

FOR OFFICE USE ONLY

_____ Request denied _____ Request approved for a maximum of _____ credits

_____ Authorized Signature