



Edgewood College  
 Academic Dean's Office  
 (608) 663-2200

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Term/Year: \_\_\_\_\_

## REQUEST FOR CREDIT OVERLOAD

**Student's current schedule for term of overload request:**

*(Note: Request cannot be granted until the student has registered)*

Course	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Additional Course(s) Requested:**

Course Number/Name	Section	Credits
_____	_____	_____
_____	_____	_____

**Reason for overload request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please note that credits added above 17 credits are not included in the full-time tuition. Additional credits will be billed to the student at a "per credit" rate, please contact Edgewood Central for additional details.