



MarymountManhattan

Office of Academic Advisement

Request for Course Overload

This request must be submitted with your registration form at the time you register.

MAXIMUM COURSE LOAD

Fall/Spring Semester: 18 credits Summer Session: 6 credits January Session: 3 credits

STUDENT'S NAME: _____ MMC ID#: _____

Please print clearly

SEMESTER: _____

COURSE LIST

CREDITS

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

TOTAL CREDITS:

=====

APPROVAL

I have met with the above-named student. I believe that s/he is capable of successfully completing the program specified above. I would recommend that approval be granted for extra credit.

REASON FOR REQUEST:

FACULTY SPONSOR SIGNATURE: _____ DATE: _____

APPROVAL FOR MORE THAN 18 CREDITS ALSO REQUIRES SIGNATURE OF DEAN OF ACADEMIC ADVISEMENT & STUDENT RETENTION

Dean of Academic Advisement & Student Retention

Date

GPA: _____