



**Shared Service Center**

**CREDIT OVERLOAD APPROVAL FORM**

Student's name and ID \_\_\_\_\_

**SEMESTER** Fall    Spring        **YEAR** \_\_\_\_\_

**CURRENT LOAD** \_\_\_\_\_    Number of Extra credits to be paid for \_\_\_\_\_    **Student's Signature** \_\_\_\_\_

**REASON FOR REQUEST (INCLUDE COURSE(S) that WILL BE ADDED):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL**

**ADVISER'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**HEAD OF STUDENT'S MAJOR DEPARTMENT** \_\_\_\_\_ **Date** \_\_\_\_\_

**SENIOR ACCOUNTANT** \_\_\_\_\_

**DIRECTOR OF SHARED SERVICE CENTER** \_\_\_\_\_