



PWSCC

PO Box 97
Valdez, Alaska 99686
(907) 834-1600

For Official Use Only

REQUEST FOR CREDIT OVERLOAD

For study load over 19 credits in fall or spring semesters or 15 credits in the summer semester.
Return this form to Enrollment Services after obtaining all of the signatures below.

DATE: _____

STUDENT ID: _____

NAME: _____
Last First Middle

MAJOR: _____

CUMULATIVE GPA CREDITS EARNED

I HEREBY REQUEST TO REGISTER FOR _____ CREDITS SEMESTER: _____
Justification:

Student Signature Date _____

ADVISING SIGNATURES: OBTAIN IN DESIGNATED ORDER AA, NODS (NON DEGREE SEEKING) BOX A – Advising and Testing Center, UC Room 112 ALL OTHERS – A and B

(A) SIGNATURE FROM DIRECTOR OF STUDENT SERVICES

Approved Not Approved Comments: _____

(1) Director of Student Services Signature Date _____

(B) SIGNATURE FROM DEAN OF INSTRUCTION

Approved Not Approved Comments: _____

(2) Dean's Signature Date _____