

School of Education

Permission to Increase Student Credit/Course Load Request Form

Date: _____

Student Name: _____

TCNJ ID #: _____

Major: _____

GPA: _____

Email: _____

Semester/year for maximum unit/credit increase: FALL _____ SPRING _____ 20 _____

The above named student is authorized to register for more than 4.5 units (more than 18 credits) to meet program requirements. I have examined the transcript and can certify that:

- **meets requirements for Sophomore-level status (7.75 units completed)**
- **s/he meets the GPA requirement (3.3 or higher)**

I have met with the student and review his/her reason for the request. The student has been advised that a course load of more than 4.5 units is strenuous and that the overload has been granted because of the compelling reasons the student presented.

Course Number	Course Title	Units/Credits

Please increase this student's unit/credit load to: _____

Advisor's Signature: _____ Date: _____

Name of Department: _____

Assistant Dean Signature: _____ Date: _____

BELOW FOR OFFICIAL USE ONLY

Earned Units: _____

Decision: APPROVED REJECTED

Comments/Notes: _____