**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 (8 units completed at TCNJ/4 units for transfers)**
* **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.

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| --- | --- | --- |
| **Course Number** | **Course Title** | **Units/Credits** |
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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: