

Return form to the registrar's office at  $\underline{\textit{psu-registrar@plymouth.edu}}.$ 

## **Undergraduate Credit Overload Request for Fall 2025 & Spring 2026**

Last Name	_ First Name		Student ID			
# Credits Over the Maximum		Cumulative GPA				
Degree:APBBABS	BFA	_Certificate	Term:	Fall	_Spring	Year
Major		Option_				
Major		Option_				
By submitting this form, y Pleas Once processed by the registrar's office, y registration is open. Otherwise, a late add	se see Student I	<mark>financial Serv</mark> to register y	vices for de	tails. ia myPlymo	outh for t	he course(s) while
Student Signature		Date				
<ol> <li>The signatures of Advisor and Academic Stud</li> <li>The student has a GPA of less than 2.</li> <li>The student is requesting an overload</li> <li>Signature below indicates that I am in support</li> </ol>	33 OR greater than 4	credits. The	maximum	credits for t	fall/spring	is 18 credits.
Advisor Signature	Print Nam	e			Date	
Academic Student Advocate Signature	Print Nam	e		<del> </del>	Date	
Processed by: Date			CGPA verif	ication		8/2025

Phone: (603) 535-2345, Fax (603) 535-2724