

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

## **Undergraduate Credit Overload Request for Summer 2025 & Winterim 2026**

Last Name				First Name			Student ID		
# Credits Over the Maximum					Cumulative GPA				
Degree:	APB	BA	BS	_BFA	Certificate	Term: _	Winterim	Summer	Year
Major					Option_				
Major					Option_				
-	essed by the	e registrar	's office, yo	u will need	d to register y	ourself vi	summer and wing a myPlymouth form will need	for the cour	rse(s) while
Student Signature					Date				
1. The 2. The	e winterim str e summer stu	udent has a dent is seel	GPA of less king to take r	than 2.33 more than 1	e are <u>required</u> and is seeking 18 credits nt's plan as no	to take 8 or	r more credits		
Advisor Sig	gnature			Print Na	me			ate	
Academic S	Student Adv	ocate Sign	ature	Print Na	me			ate	
Processed by:	·		_ Date			CGPA verific	cation		8/2025

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