Admissions & Academic Status Committee
Petition for Overload of Course Credits

ID # _____   Campus Box # _____

Name _____ Classification: ___ FR ___ SO ___ JR ___ SR Date _____

Email _____

The Monmouth College catalog states that a student who enrolls in more than 4.5 academic course credits needs approval of their advisor and must receive permission from the Admission and Academic Status Committee.

Only <u>completed</u> petitions will be accepted by the Office of the Registrar. Completed petitions must include the following:
- *Completed AASC petition for overload form, including advisor signature*
- *Student written justification for overload*
- *Advisor statement of support*
- *Four-year plan*

<u>***IMPORTANT DEADLINE:***</u> *The Monmouth College Academic Calendar indicates the last day to add a full semester course is the 5th day of the semester. The last day to add a 2nd ½ semester course is the 5th day after the 2nd ½ of the semester begins. These dates are the deadlines to submit this completed form along with supporting documents to the Office of the Registrar. No petitions for a request for an overload will be accepted after this date.*

Please attach to this petition a letter which provides an expanded explanation of your request and a justification for why your request should be granted. On the back of this form, complete your four year plan, including any future anticipated overloads. On the chart below, indicate your anticipated schedule for the semester, including the courses that you are petitioning for approval to overload. Attach all appropriate and supporting documentation to help the committee make a decision. The committee may ask for supplemental information prior to making the decision.

Anticipated or Current Course schedule:

Semester	Course Number and Title	Course Credits

I am petitioning to add the following course(s) to my schedule for an overload of course credit:

Semester	Course Number and Title	Course Credits

Total number of course credits for semester: _____

_____   _____
Student Signature   Date

Advisors statement concerning your petition:

_____ Approval Recommended by Advisor   _____ Approval NOT Recommended by Advisor

Your advisor must include a letter on your behalf which must be attached to the petition. This letter should include an explanation of the request and justification for why the request should be granted. Comments could include: impact on graduation and 4 year plan, performance and attendance in classes, maturity, likelihood of success if appeal is granted, ability to handle multiple responsibilities, oncoming communication with student, etc.

_____   _____   _____
Advisor's Signature   Advisor's Printed Name   Date
....
This section to be completed by the Registrar's Office:

CUM GPA: _____ Last Session GPA: _____ Previous Session GPA: _____ CUM CREDITS: _____

If 6 semesters or later, has student filed application for degree? ___ Y or ___N

Committee Action: ___ Grant or ___ Deny

_____   _____
Signature of the Chair of AASC   Date

Fall 20___

Dept./Number	Title of Course	Credits
	Total Credits:	

Fall 20 __

Dept./Number	Title of Course	Credits
	Total Credits:	

Spring 20___

Dept./Number	Title of Course	Credits
	Total Credits:	

Spring 20 ___

Dept./Number	Title of Course	Credits
	Total Credits:	

Fall 20 ___

Dept./Number	Title of Course	Credits
	Total Credits:	

Fall 20___

Dept./Number	Title of Course	Credits
	Total Credits:	

Spring 20___

Dept./Number	Title of Course	Credits
	Total Credits:	

Spring 20___

Dept./Number	Title of Course	Credits
	Total Credits:	