

SETON HALL UNIVERSITY
Office of the Registrar
REQUEST TO EXCEED NORMAL COURSE LOAD

Name: _____ SHU ID: _____
 Last First M.I.

Major: _____ GPA: _____ Class: _____ Expected Graduation Date: _____

I request to carry _____ credits for the _____ 20_____ semester. My GPA meets the requisite 3.0 minimum to qualify for exceeding the normal course load. The reason for this request is as follows:

Please note: Additional tuition charges will be added to the current academic term for each additional credit over the 18-credit maximum.

Student's Signature

Date

Signature of the Chair and Dean below authorizes the registration beyond the standard 18 credits per academic term.

Signature, Student's Chair

Date

Signature, Student's Dean

Date