UNIVERSITY OF SAINT JOSEPH CONNECTICUT

Email: registrar@usj.edu

Fax: (860) 231-8396

Credit Overload Authorization Form- over 18 credits

Term: Fall ☐ Spring ☐ **Year:** _____

Student ID #: _____ **Name:** _____

Current GPA: _____ **Total # of currently enrolled credits:** _____

Course Code & Section: _____ **Total # of overload credits:** _____

Reason for requesting overload: _____

_____

_____

_____

Students registering for more than 18 credits must obtain the signatures below and submit this completed form along with a paper registration for credits over 18 to the Registrar's office. Students are unable to register themselves via MyUSJ for any credits over 18 total. Students should attach their schedule for review by the Advisor/Chair/Dean.

Credits in excess of 19 credits per semester will be billed at the undergraduate per-credit tuition rate.

Required Signatures:

Student Signature: _____

Print Name: _____

Advisor: _____

Print Name: _____

Department Chair (of your program): _____

Print Name: _____

Dean Signature: _____

Print Name: _____

Registrar's Office Use Only

Staff Initials: _____

Date: _____