



# UNIVERSITY of ALASKA SOUTHEAST

## REQUEST FOR CREDIT OVERLOAD

For study load over 18 credits in the fall or spring and 12 credits in the summer semester.

Return this form along with an Add/Drop form to the Registrar's Office or at [uas.registrar@alaska.edu](mailto:uas.registrar@alaska.edu) after obtaining all the signatures below.

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Student ID Date

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Last name First name

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Major Minor

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UAS GPA Credits earned Previous highest credit load

I request to register for \_\_\_\_\_ credits  Fall  Spring  Summer 20\_\_\_\_  
(select one term) (year)

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Student signature date

### ADVISOR APPROVAL

Approved  Not Approved Comments:

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Advisor signature date

### REGISTRAR APPROVAL

Approved  Not Approved Comments:

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Registrar signature date