



Office of the Registrar
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Request for Course Overload Form

Course Overload Policy

A course overload is defined as enrollment in more than 19 credit hours in the fall or spring semesters. Continuing undergraduates who wish to enroll in 19.5 – 22 credit hours in the fall or spring semesters must have a cumulative grade point average of at least 3.00. In order to register for 22.5 – 25 credit hours, continuing undergraduates must have a cumulative grade point average of at least 3.50. First semester students will not be approved for course overloads. Graduating seniors who do not meet the cumulative grade point average requirements, but have at least a 2.00 cumulative grade point average, may be approved for an overload if they need such a schedule in order to graduate at the end of the semester in question.

All students seeking an overload must meet with their academic advisor (or academic program manager for off-campus program students) to receive approval. They should be prepared to discuss with their advisor the compelling reason motivating the overload and how they will manage the additional time needed to accommodate the increased course load. Students who meet the overload criteria will receive a Request for Course Overload Form from their advisor that must be submitted to the Office of the Registrar in order to complete their course registration.

Name: _____ **RUID:** _____
 (Last, First, Middle Initial)

School: _____ (50, 52, 57, 64) **Major:** _____

Class Year: 20____ **Degree credits earned to date:** _____ **Cumulative GPA:** _____

Year: _____ **Term:** Fall Spring **Total Requested Credit Hours:** _____

Course #: _____: _____: _____ **Index #:** _____ **Special Permission #:** _____
 (if necessary)

Course #: _____: _____: _____ **Index #:** _____ **Special Permission #:** _____
 (if necessary)

Student Signature: _____ **Date:** _____

----- FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE -----

The above student has my permission to register for a course overload and enroll for a maximum of _____ credits in the term indicated.

Is this the student's first semester? Yes No

Is this the student's last semester? Yes No

Advisor Name: _____

Advisor Signature: _____ **Date:** _____

Advising Office: _____

Processed by: _____

Date: _____