

STOCKTON UNIVERSITY

OFFICE OF THE REGISTRAR

101 Vera King Farris Drive, CC-203, Galloway, NJ 08205-9441
609-652-4235 (Phone) 609-626-5547 (Fax) registrar@stockton.edu

ACADEMIC OVERLOAD REQUEST

INSTRUCTIONS: PLEASE PRINT CLEARLY. Complete this form in its entirety and have it approved by your preceptor and the Director of Academic Advising. Submit the form to the Registrar's Office.

To qualify for an academic overload, you must have:

1. completed at least two terms of full-time work at Stockton;
2. achieved a cumulative minimum GPA of 3.0 in all course work attempted at Stockton;
3. have no current incomplete grades.

Please note: Students registering for more than 20 credits in a term will be charged the per credit rate.

Student Name _____ Student ID No. (Z#) _____

Preceptor Name _____ Date _____

Major: _____ Class Level: Freshman Sophomore Junior Senior

Semester/Year of Requested Overload: _____ / _____ Expected Graduate Date: _____
Semester Year

Number of Terms Overloads Were Taken Previously: _____ Total Number of Stockton Credits: _____

Reason for Overload: _____

LIST COURSES AND CREDITS FOR OVERLOAD

CRN	Acronym/Number	Course Name	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Credits During Overload Term _____

APPROVED BY PRECEPTOR:

Signature _____ Date _____

APPROVED BY DIRECTOR, ACADEMIC ADVISING (OR DESIGNEE):

Signature _____ Date _____