



## GRADUATE SPECIAL PETITION CREDIT OVERLOAD

### Instructions for Submittal

**Students are responsible for obtaining all necessary signatures** and delivering this form to the Office of Graduate Studies. Please direct any questions or concerns to the Office of Graduate Studies: [gradstu@uwgb.edu](mailto:gradstu@uwgb.edu) or (920) 465-2123.

- 1.) Students must complete all sections on the first two pages of this form, sign, save, and secure required signatures.
- 2.) Students may attach appropriate documentation.
- 3.) The completed form must then be sent to the Director of Graduate Studies at [gradstu@uwgb.edu](mailto:gradstu@uwgb.edu).
- 4.) The final decision will be posted to the memorandum section of your transcript.

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### STUDENT INFORMATION:

First Name Middle Name Last Name

Student ID# Campus E-mail

Phone Address

City State

Zip Code

Please select your program

Cumulative GPA Earned Credits

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Current Academic Status (select one)

Number of credits you wish to take: Semester for which you are requesting overload

### Address the following questions:

Why do you need the credit overload? (Limit 2250 Characters)

Explain why you believe that you can be successful while carrying a credit load. (Limit 2250 Characters)

What additional out-of-class commitments will you have? Discuss work, volunteer activities, hours-per-week, etc. (Limit 2250 Characters)

Have you requested a credit overload in the past? If yes, what was the outcome of that request? (Limit 2250 Characters)

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By signing below, I agree to pay any and all additional tuition and fees or penalties resulting from approval of this petition. Please consult with Student Billing (SS 1700) at (920) 465-2224 if you have any questions.

Student's Electronic Signature

Date (mm/dd/yyyy)

Students are encouraged to seek the supporting signature of their program, thesis or project advisor.

**SUPPORTING SIGNATURE: (Complete by Program Chair, Major Professor or Project Advisor)**

Comment: (Limit 2250 Characters)

Major Professor or Project Advisor's Electronic Signature

Date (mm/dd/yyyy)

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**ACTION BY THE OFFICE OF GRADUATE STUDIES: (For Office Use Only)**

Petition                  Approved                  Denied  
Decision:

Action: (Limit 2250 Characters)

Director of Graduate Studies' Electronic Signature

Date (mm/dd/yyyy)