Seton Hall University
Enrollment Services

Request to Exceed Normal Course Load

Name: _____ SHU ID :_____
LAST FIRST M.I.

Major: _____ G.P.A. ____ Class: _____ Expected Grad Date: _____

I request to carry ___ credits for the _____20___ semester. My G.P.A. meets the requisite 3.0 minimum to qualify for exceeding the normal course load. The reason for this request is as follows: _____
_____
_____
_____
_____.

_____ _____
STUDENT'S SIGNATURE DATE

Signature of the Chair and Dean below authorizes the registration beyond the standard 18 credits per academic term.

_____ _____
SIGNATURE, STUDENT'S CHAIR DATE

_____ _____
SIGNATURE, STUDENT'S DEAN DATE