

OVERELCTION-UNDERGRADUATE

This form is to be completed by any Undergraduate student wishing to overelect their credits for a given semester.

| Semester I am requesting to overelect credits: | I have been on probation the following semesters: |
|--|--|
| During that semester I will be a: Freshmen Sophomore Junior Senior | I have received a D or F in the following classes: |
| | Current GPA: |
| | |
| Total number of credits I am requesting to take this semester: Please provide a description of why you wish to take additional courses this semsester: | |
| | |
| Student Name (print) Student Signature | ID Number Date |
| Based upon the description and GPA provided by the student I approve to allow the student to overelect this semester. If their official GPA does not match the GPA they have reported I do not approve the overelection. | |
| Signature of Associate Dean | Date |