



**PETITION for OVERLOAD
GRADUATE COURSE CREDIT
OFFICE OF GRADUATE STUDIES
VALPARAISO UNIVERSITY**

Graduate students may normally take no more than a total of 12 credits per semester. This form provides the opportunity for students who have special needs and who are academically capable to petition for a variance from the above requirements.

DEGREE: _____ **CONCENTRATION:** _____ **CUM GPA** _____

DATE SUBMITTED: _____ **STUDENT ID NUMBER:** _____

1. **NAME:** _____
LAST FIRST MIDDLE FORMER NAME

2. **PRESENT ADDRESS:** _____
NUMBER AND STREET CITY, STATE, ZIP

3. **HOME PHONE: NUMBER:** _____ **WORK PHONE NUMBER:** _____

EMAIL ADDRESS: _____ **SEMESTER REQUESTED:** _____

Courses requested for overload:

Department: _____	Course Number/ Section: _____	Title _____	Credits _____
Department: _____	Course Number/ Section: _____	Title _____	Credits _____

Total Credits After Overload: _____

Rationale for request: _____

Please attach additional sheets if more space is necessary.

Student's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____ Approved Denied

Dean's Signature: _____ Date: _____ Approved Denied