

GRADUATE

CREDIT OVERLOAD REQUEST

WINONA STATE UNIVERSITY

GRADUATE STUDENTS: Students who wish to enroll in more than 12 semester credits (Fall/Spring) or more than 6 semester credits for summer must obtain approval signatures prior to registration. Please return form to the Office of Graduate Studies, Somsen 210c, for the Director of Graduate Studies signature.

YRTR _____ EMAIL _____

Student Name (Please print) _____
Last First MI

Major _____

Student Warrior ID# _____

Classification: **Graduate**

I would like permission to enroll in _____ credits for the following reason: _____

Student's Signature _____ Date: _____

Approvals: Academic Advisor _____ Date: _____

Academic Dean _____ Date: _____

Dir. Graduate Studies _____ Date: _____

Please attach your current transcript (academic report can be printed online)

Please list all courses you plan on taking this semester.

Department	Course #	Course Name	# of Credits