

**OFFICE FOR ACADEMIC AND PRE-PROFESSIONAL ADVISING**

**REQUEST TO ENROLL IN EXCESS CREDITS**

This form is used to request permission to enroll in excess credits—more than 19.5 credits during the Fall/Spring semester, more than 8 credits in each of the two Summer sessions, or more than 4.5 credits in a Winter session.

Please return the completed form, including your advisor’s recommendation and signature, to the Office for Academic and Pre-Professional Advising, Sherman Hall B-Wing, Suite 224. You will be notified of the decision via email within 1-2 weeks.

If you are requesting excess credits prior to the last day to add classes, our office must receive your completed form at least 24 hours before the posted deadline.

**Strong candidates for approval will answer yes to the following questions:**

1. Do I have a GPA of 3.5 or above?
2. Do I have a proven track record of taking 18+

credits during the semester while maintaining a

high GPA?

1. Have I clearly stated my reason for requesting

Excess Credits?

1. Has my advisor provided recommendations/

comments in the appropriate section?

1. Have I satisfied any Incompletes from the previous semester?
2. If I am allowed to take these Excess Credits, will it enable me to complete all requirements for my degree this semester?

|  |
| --- |
| **Student Information (Please print all information)** |
| **Date** | **UMBC Email Address** | **UMBC Campus ID** | **Phone Number** |
|  |  |  |  |
| **First Name** | **Middle Initial** | **Last Name** |
|  |  |  |

**List all planned courses, including overload courses and courses at other colleges, below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Number & Title | Credits | Course Number & Title | Credits |
| 1. |  | 6. |  |
| 2. |  | 7. |  |
| 3. |  | 8. |  |
| 4. |  | 9. |  |
| 5. |  | 10. |  |

**Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Planned Term Credits: \_\_\_\_\_\_\_\_\_**

**Major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Standing (Fr., Soph., etc.): \_\_\_\_\_\_\_\_\_\_**

**Reason for Request (required): Planned Graduation Month/Year: \_\_\_\_\_\_\_\_\_\_**

 **Cumulative GPA: \_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Major Advisor’s Recommendation and Comment (required):**

**Major Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OAPA Use Only**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Pending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**