

## NORTH DAKOTA STATE COLLEGE OF SCIENCE REQUEST FOR EXCESS COURSE LOAD

"To enroll for more than 20 credits during any semester, a student must have a grade-point average of 3.0 or better and file a request for excess load at the Student Success Center in Old Main, except where more than 20 credits are required in a specific curriculum. A request for excess load must be approved by both the student's advisor and an academic counselor." (NDSCS Catalog)

| STUDENT NAME:                             |                              | ID:                                  |                    |
|---|------------------------------|--------------------------------------|--------------------|
| PHONE:                                    | EMAIL:                       |                                      |                    |
| PROGRAM:                                  |                              |                                      |                    |
| SEMESTER and YEAR OF                      | THE REQUEST:                 |                                      |                    |
| Briefly explain the reason yo necessary): | u are requesting an excess c | ourse load for the semester (Use ba  | ck of this form if |
|   |                              |                                      |                    |
|   |                              |                                      |                    |
| Please list all the coursework            | you wish to take. Include co | ourse title, number, and no. of cred | its:               |
|   |                              |                                      |                    |
|   |                              |                                      |                    |
|   |                              |                                      |                    |
| Student's Signature:                      |                              |                                      |                    |
| Advisor's Signature:                      |                              |                                      |                    |
|   | For Off                      | ice Use Only                         |                    |
| Date Received:                            |                              |                                      |                    |
| Denied Reason:_                           |                              |                                      |                    |
| Office Signature:                         |                              |                                      |                    |