MALONE UNIVERSITY
CHRIST'S KINGDOM FIRST

REQUEST FOR CREDIT OVERLOAD

Office of the Registrar

Student Name:	Date:
Major(s):	
Semester for Overload: (check one) ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III	
Anticipated Graduation Date: (check one) ☐ Fall 20_____ ☐ Spring 20_____ ☐ Summer 20_____	
Number of hours you are currently enrolled:	Additional hours requested:
How do you prefer we contact you with the results to your request? ☐ Malone Student Email:_____ (default method) ☐ Personal Email: _____ ☐ Cell Phone: _____	
Please note that there is an additional charge for taking over 18 credit hours. The additional cost is billed at the current overload tuition rate. Ask for details.	
Student Signature:	Date:

In the space below, please provide a brief rationale for why you are requesting a credit overload. If you are requesting a credit overload to graduate early or on-time, you should also attach a list of your tentative course plans to show the reason for this request.

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Office Use Only – Do Not Write in This Section	
Student ID:	Student Cumulative GPA:
Action of the Registrar: ☐ Approved ☐ Denied ☐ Deferred	
Comments:	
Registrar Signature:	Date: