



Office of the Registrar
 Stevens Institute of Technology
 Castle Point on Hudson
 Hoboken, NJ 07030-5991
 FAX 201.216.8050
 registrar@stevens.edu
 http://www.stevens.edu/registrar

Credit Overload Enrollment Form

This form is for undergraduate credit overloads only. No other enrollment will be accepted on this form.

LAST NAME			STUDENT IDENTIFICATION NUMBER		
FIRST NAME			MIDDLE NAME		
MAILING ADDRESS OR SIT BOX	STREET				CLASS OF 20 ____
CITY	STATE	ZIP CODE			
STUDENT SIGNATURE					DATE

TERM: FALL WINTER SPRING SUMMER I SUMMER II **YEAR:** 20 ____

ADD Courses That will Cause a Credit Overload

SUBJECT (e.g. MA)	NUMBER (e.g., 123)	SEC. (e.g., A)	CRED.

Previous Semester GPA: _____

Cumulative GPA: _____

Number of Credits Overloading: _____

Extra Tuition Charges Apply? YES NO

If yes, student must sign below.

STUDENT SIGNATURE: I understand that I will be charged additional tuition as a result of a credit overload.

REQUIRED SIGNATURES

OFFICE OF UNDERGRADUATE ACADEMICS	DATE
REGISTRAR	DATE