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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