# CLARION
## UNIVERSITY

# Permission to Register for Extra Credit Load

| Permission to Register for Extra Credit Load Instructions: | Please Consider the Following: |
|---|---|
| 1. Students must type directly on this form or print legibly.<br>2. Fill in all information requested including Clarion ID number.<br>3. Please be sure to obtain necessary signatures.<br>4. Students **must attach** a copy of their **current schedule** to this form.<br>5. Once the form has been completed, students should submit the form to the college dean's office of their major (i.e. Arts, Education & Sciences, Business & Information). Venango students should submit the form to Venango Administration, 200 Frame Hall. | Students **must pay** for the **additional cost** of credits **exceeding 18**. Check with the Student Accounts Office (814-393-2253) to determine the cost of taking additional credits. |

*There is no guarantee that the extra credit load will be approved by the Dean's Office. Your request is evaluated based on overall GPA, current semester GPA, combination of courses enrolled, and additional courses requested. Please be advised that you must have an overall GPA of 3.0 in order for your request to be considered. Exceptions can be made under special circumstances.*

Name _____     Clarion ID _____

Daytime Phone _____     Cell Phone _____

My current major is as follows:

Program:          ARTS, EDU & SCI                BUS & INFO                    HEALTH SCIENCES                VENANGO

Degree _____     Expected date of graduation _____

Plan 1 _____     Subplan(s) _____     Minor 1 _____

Plan 2 _____     Subplan(s) _____     Minor 2 _____

## STUDENTS: Please attach a copy of your current schedule to this form. The form will not be processed without the schedule.

Term/Session _____

Course to be added:   *Department*          *Subject/Catalog#*          *Title*          *Credits*

_____   _____   _____   _____

*I certify I have reviewed my degree requirements and consulted with my advisor regarding taking an extra credit load. I understand that all finances incurred due to adding additional credits is my responsibility and that I have discussed these costs with the Student Accounts Office.*

**Student Signature** _____     **Date** _____

*Form will not be processed without student and faculty advisor signatures.

## APPROVALS

Faculty Advisor Signature _____     Date _____

Dean's Signature _____     Date _____

**FOR OFFICE USE ONLY**
Please Do Not Write in This Space!

_____     _____
Last Sem. GPA          Overall GPA