

ARCADIA UNIVERSITY
PETITION FOR OVERLOAD

TERM: Fall
 Spring
 Summer

Note: Overload petition required for over 18 credits and if cumulative GPA is below 3.0.

TO: Dean of Undergraduate Studies

Date: _____

FROM: _____
(First Name) (MI) (Last Name)

Home address OR Residential Hall Room No.

Please fill in appropriate petition request:

OVERLOAD: List course Number & Title _____

Total Credits with overload: _____ **CUM GPA** _____

State in full the reason(s) for the request you are making, and plans for implementation, if appropriate:

STUDENT SIGNATURE: _____

This form must be signed by your advisor and the department chairperson.

Advisor

I support/do not support this petition (explanation on back)

Signature Date

Department Chairperson

I support/do not support this petition (explanation on back)

Signature Date

When this form is complete and appropriately signed, submit it to the Dean of Undergraduate Studies, Room 105, Taylor Hall

APPROVED IF SIGNED:

Dean of Undergraduate Studies Date