

**The Graduate School**  
The College at Brockport  
State University of New York  
350 New Campus Drive  
Brockport, NY 14420-2919

**REQUEST FOR GRADUATE CREDIT OVERLOAD**

**The normal credit load for full time graduate study is 12 credit hours per semester.**

Please state your reasons below for needing to take additional credit hours for the semester. After you have obtained the necessary signature(s), please forward this completed form to the Office of Registration and Records.

Name (last/first): \_\_\_\_\_ Banner ID \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address : \_\_\_\_\_

Phone (     ) \_\_\_\_\_ - \_\_\_\_\_ email address: \_\_\_\_\_

**Student**

Number of credits in which you wish to enroll: \_\_\_\_\_ Semester: \_\_\_\_\_

**Please state your reasons for this request (MUST BE COMPLETED):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Graduate Director**

**Please state your reasons for supporting this request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Total number of credits: \_\_\_\_\_

Graduate Director (signature)

**REQUEST TO ENROLL IN 16 CREDIT HOURS OR MORE ALSO REQUIRES THE APPROVAL OF THE GRADUATE SCHOOL.**

\_\_\_\_\_  
The Graduate School

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**To the student: ONCE YOU HAVE OBTAINED THE REQUIRED SIGNATURES, FORWARD THE COMPLETED FORM TO THE OFFICE OF REGISTRATION AND RECORDS**