Saint Louis University
Petition for Overload

Section 1

Student Name ____________________________ Student ID ____________ Student Email ____________________________

Primary Program/Major ____________________________ Total Earned Hours ____________ Current GPA ____________

Section 2

Semester (fall/spring/summer and year) ____________________________

Current Total Number of Credits ____________________________

Requested Total Number of Credits ____________________________

Section 3

I am requesting an overload of credits for a/an:

☐ Undergraduate student taking more than 18 credit hours in Fall/Spring or 12 credit hours in Summer.

☐ Undergraduate student previously allowed to take post-baccalaureate/graduate credit taking more than 15 credit hours.

☐ Student taking more credits than the credit limit imposed by probation.

☐ Student taking more credits than the credit limit imposed by an academic program.

Section 4

State in clear and concise sentences why a Petition for Overload is being submitted.
Saint Louis University
Petition for Overload

Form
#11

1. Student completes sections 1, 2 and 3.
2. Student acknowledges policies related to an overload in section 4.
3. Student meets with Dean/Director to discuss Petition for Overload and receives approval via signature in section 5.
4. Dean/Director submits approved Petition for Overload to the Office of the University Registrar.
5. Office of the University Registrar records the approved overload on the student’s record.

I understand and acknowledge that:

★ In order for Undergraduate students to enroll in more than 18 credit hours in Fall or Spring or more than 12 hours in the Summer students must have a minimum cumulative grade point average of 3.00.

★ Undergraduate students will be charged additional tuition at the standard per-credit rate for all additional credits in Summer and for all credits above 18 credit hours in Fall or Spring.

_________________________________________  __________________________
Student Signature                                Date

_________________________________________  __________________________
Dean/Director Name                                Signature                           Date

Office of the University Registrar - DuBourg Hall, Room 22
One Grand Blvd. St. Louis MO 63103  314.977.2269  http://registrar.slu.edu