Request for Increased Course Load

Student's Name: _____

Student's Computing ID: _____

Semester (example: Fall 2018): _____

Course to be added: _____

Number of total credit hours student
will be enrolled in with this addition: _____

Instructions:
1) Fill in all of the requested information above.
2) Provide a detailed justification (below) of your request, including all courses you are planning to enroll.
3) Obtain permission/signature from the Senior Assistant Dean for Academic and Student Services (below).
4) Submit to the School of Nursing Registrar for processing.

Justification:

This request was _____ approved _____ denied

Signature of Senior Assistant Dean
for Academic and Student Services: _____