UCC
UMPQUA COMMUNITY COLLEGE

Advising Department
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Credit Overload Request Form

OFFICE USE ONLY:

_____

Last Name   First Name   Student ID Number

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer   **Year:** _____

Instructions: After completing Step One and Step Two, please make an appointment with your advisor for review. Completion of this form DOES NOT guarantee approval of request.

Step One: Please indicate whether you meet the following requirements:

I am currently enrolled at full-time status?	☐ Yes ☐ No
I do not have any pending Incomplete "I" grades?	☐ Yes ☐ No
I have not been on academic probation/suspension before?	☐ Yes ☐ No
I have a current cumulative GPA of 2.75 or higher?	☐ Yes ☐ No
I completed 12 credits per term for the past two terms?	☐ Yes ☐ No
I did not receive any grades below a "C" in the previous two terms of attendance at UCC?	☐ Yes ☐ No

Step Two: Please attach a written statement explaining your reason for seeking approval to register over full-time status. I attached the written statement? ☐ Yes ☐ No

Step Three: Make an appointment with your academic advisor for initial review of your request.

I certify that all the information included in this request is true and accurate to the best of my knowledge. I consent to and accept all policies and procedures that govern my enrollment at Umpqua Community College. I am responsible for officially withdrawing from any course in which I am enrolled. Failure to do so may result in a failing grade.

I understand that I am financially liable for all costs associated with my courses, including tuition and fees, whether or not I receive any financial assistance in the form of grants, loans or payments from any third party sources. If a drop or withdraw occurs after the 1st week of the term, I am still responsible to pay for the class. My academic schedule must comply with the federal financial aid and/or veteran's benefits. Unapproved changes may result in repayment and/or loss of financial assistance.

Student Signature_____ **Date:** _____
Signifies Approval & Authorization

Advisor Signature_____ **Date:** _____
Signifies Approval & Authorization

Decision regarding Credit Overload Request:

Approved for _____ credits or declined ☐

Recruitment and Advising Coordinator Signature_____ **Date:** _____
Signifies Approval & Authorization