



WHEATON
COLLEGE
For Christ & His Kingdom

APPLICATION FOR CREDIT OVERLOAD

Office of the Registrar

This form must be completed, signed, and submitted to
the Registrar's Office before an overload is allowed.

Name: _____ Student # _____ So Jr Sr

I request permission to enroll in an overload schedule for: Fall Spring Year:

For an additional ____ credit(s) above 18 credit hours

On the basis of:

a cumulative 3.00 average

a 3.00 average during the last semester of full-time enrollment

Date: _____ **Advisor's Signature:** _____

NOTE: Overload = Over 18 credit hours* OR

More than five quad courses (three in one quad, two in the other.)

*Additional tuition charges apply for every credit hour over 18

I agree to pay all additional tuition and fees that may be incurred with adding
credits over 18 hours.

Date: _____ Student's Signature: _____