Division of Graduate and Continuing Education
Application to take more than the maximum credit limit

Please complete this form if you would like to take more than the maximum credits allowed in a semester.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Credit limit</th>
<th>Request above limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Summer I</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Summer II</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Name: __________________________________________________ A#: __________________________

Phone Number: ___________________________________ Email: __________________________

GPA: ____________________ Advisor: __________________________

Advisor signature: ______________________________________________ Date: __________

(Day students only)

Reason for request: (please attach supporting documents if needed)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please sign below to attest to the following:

1. I have read and understand the university’s academic policies and I understand I am fully responsible for all courses I register for.
   a. University academic policies can be found here: [http://catalog.westfield.ma.edu/content.php?catoid=10&navoid=452](http://catalog.westfield.ma.edu/content.php?catoid=10&navoid=452)

2. I understand the summer and winter sessions are accelerated and courses taken during these semesters may be more challenging and time consuming.

3. I understand should I need/want to withdraw from courses during any of these semesters, I will be held fully responsible for all withdrawal penalties and fees outlined in the course catalog.

4. I understand all credit-bearing courses taken during any semester at Westfield State University will have an impact on my GPA.

Signature____________________________________________ Date: ______________

For Office Use Only

Signed: ______________ Date: ______________

Approved  Denied

Signature____________________________________________ Date: ______________

DGCE Administrator