Credit Overload
(Permission to register for more than 20 credits Fall & Spring, 13 credits Summer)
St. Cloud Technical and Community College

Last Name_____ **First Name**_____

Student ID #_____ **Semester** _____
<div align="right">**Term and Year**</div>

Total number of semester credits: _____ **Signature**_____

Students enrolling for more than 20 credits Fall and Spring, 13 credits Summer must obtain permission from their Advisor:

Advisor signature:_____ **Date:**_____

Students enrolling for more than 25 credits must obtain permission from a Dean:

Dean signature:_____ **Date:**_____

You will need to register on-line for the additional course(s) after turning this form in at the registration office.