

# STOCKTON UNIVERSITY

## OFFICE OF THE REGISTRAR

101 Vera King Farris Drive, CC-203, Galloway, NJ 08205-9441  
609-652-4235 (Phone) 609-626-5547 (Fax) [registrar@stockton.edu](mailto:registrar@stockton.edu)

## ACADEMIC OVERLOAD REQUEST

**INSTRUCTIONS: PLEASE PRINT CLEARLY.** Complete this form in its entirety and have it approved by your preceptor and the Director of Academic Advising. Submit the form to the Registrar's Office.

To qualify for an academic overload, you must have:

1. completed at least two terms of full-time work at Stockton;
2. achieved a cumulative minimum GPA of 3.0 in all course work attempted at Stockton;
3. have no current incomplete grades.

Student Name \_\_\_\_\_ Student ID No. (Z#) \_\_\_\_\_

Preceptor Name \_\_\_\_\_ Date \_\_\_\_\_

Major: \_\_\_\_\_ Class Level:  Freshman  Sophomore  Junior  Senior

Semester/Year of Requested Overload: \_\_\_\_\_ / \_\_\_\_\_ Expected Graduate Date: \_\_\_\_\_  
Semester Year

Number of Terms Overloads Were Taken Previously: \_\_\_\_\_ Total Number of Stockton Credits: \_\_\_\_\_

Reason for Overload: \_\_\_\_\_

### LIST COURSES AND CREDITS FOR OVERLOAD

CRN	Acronym/Number	Course Name	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Credits During Overload Term \_\_\_\_\_

### APPROVED BY PRECEPTOR:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPROVED BY DIRECTOR, ACADEMIC ADVISING (OR DESIGNEE):

Signature \_\_\_\_\_ Date \_\_\_\_\_