

The University of Wisconsin-Parkside
Credit Overload Permit – Special (non-degree seeking student)

_____, _____, _____, _____
Student's Last Name (print) First Name MI Student Number

_____, _____, _____, _____
Email Phone # Student's Signature Date

Reason for the request:

Student wants permission to enroll for a maximum of _____ credits for the marked semester below.

Fall _____
Year

Spring _____
Year

Summer _____
Year

Signature by Director of Advising & Career Center

Date