

OVERLOAD REQUEST (19+ credits per semester) Approval by the Vice President of Academic Affairs is required for loads above 18 credits

STUDENT IDENTIFICATION	DN		
Last Name	First Name	Middle	Name
Linfield Student ID Number	Email Address		
Home Phone Number	Cell	Phone Number	
ACADEMIC INFORMATIO	N		
Cumulative GPA Last semes	ster's GPA Last semester credit loa	☐ yes ☐ no ad Do you have any outs	tanding incomplete grade
SEMESTER AND YEAR RE	QUESTED		
☐ Fall 201	□ Spring 201 □	Summer 201	
STUDENT SUPPORT MAT	`ERIALS		
By signing this form, I understar	nd that I will incur additional tuition c	harges for registering for ar	ny credits in excess of 18.
STUDENT SIGNATURE			Date
SIGNATURES			
ADVISOR SUPPORT (Advisor m	nay attach statements to this sheet) est	quest	
ADVISOR SIGNATURE	ADVISOR	PRINTED	Date
IPO SIGNATURE (Required for i	international students) IPO PRINT	ГЕD	Date
	ove prior to taking all required compo		eview.
ACTION OF THE VE OF A	icademic Affaiks, Susan Ac	JKE-NIPPENHAN	