WHEATON COLLEGE
For Christ & His Kingdom

APPLICATION FOR CREDIT OVERLOAD

Office of the Registrar

This form must be completed, signed, and submitted to
the Registrar's Office before an overload is allowed.

Name: _____ Student # _____ So   Jr   Sr

I request permission to enroll in an overload schedule for: Fall   Spring   Year:

For an additional ____ credit(s) above 18 credit hours

I confirm that I hold at least a cumulative 3.00 grade point average AND had a 3.00
or higher GPA during my last semester of full-time enrollment at Wheaton College

Date: _____   **Advisor's Signature:** _____

NOTE: Overload = Over 18 credit hours*   OR

More than five quad courses (three in one quad, two in the other.)

*Additional tuition charges apply for every credit hour over 18

I agree to pay all additional tuition and fees that may be incurred with adding
credits over 18 hours.

Date: _____   Student's Signature: _____