

PRATT COMMUNITY COLLEGE STUDENT OVERLOAD PETITION

Full-time students normally carry from twelve to eighteen credit hours per fall or spring semester or nine credit hours per summer semester. Students may take up to **twenty-four credit hours per fall or spring semester** or **twelve credit hours during the summer session**, upon approval of their academic advisor. Additional credit hour enrollment must be specifically requested and approved **within five business days of enrollment**. Students whose appeals are denied must meet with their advisors and withdraw from the appropriate class(es). This enrollment restriction has been established to prevent excessive enrollments that do not benefit students.

Criteria: students may petition to exceed twenty-four credit hours per fall or spring semester or twelve credit hours per summer session **if** the following criteria are met:

1. First-time, full-time students at PCC may petition if they have a minimum cumulative high school grade point average of **2.5**.
2. Other students may petition if they have maintained a minimum **2.5** grade point average on their most recent college semester.

The request must be submitted on this OVERLOAD PETITION which documents the student's reasons for the special request. The petition must be signed by the academic advisor as well as the Vice President of Instruction. The Vice President of Instruction's decision whether to grant the special permission will be based on the factors provided by the student and the recommendation of the student's advisor.

TO BE COMPLETED BY STUDENT & ADVISOR

Student Name _____

Student ID # _____

Number of Credit Hours Desired _____ Semester _____ Year _____

1. List names and credit hours of courses student wishes to enroll in above 20 credit hours (12 for summer):
2. College GPA _____ or High School GPA _____
Advisor's initials verifying GPA _____
College Credit Hours Completed _____
4. Does student need to enroll in overload credit hours to graduate on schedule?
___ Yes ___ No
5. List any other unique circumstance pertinent to the request:

Student Signature

Date

Student's PCC Email Address: _____

Student's Cell Phone: _____

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ACADEMIC ADVISOR'S RECOMMENDATION

Check One I have met with the student and reviewed his/her transcript.

_____ I recommend that this student be granted special permission to enroll in
_____ credit hours during the _____ semester, _____ year.

_____ I do not recommend that the request be approved.

Comments:

Academic Advisor's Signature

Date

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VICE PRESIDENT OF INSTRUCTION'S ACTION

_____ Request approved.

_____ Request approved with limitations.*

_____ Request denied.*

Comments:

Vice President's Signature

Date

*If the student decides to appeal this decision, the student must follow the appeal process as found in the Student Handbook.