



# Cheyney University of Pennsylvania

## Petition (Credit Overload)

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

\_\_\_\_\_  
(Local Address) Street/P.O. Box City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Cheyney Email Address (no personal email addresses) Total credits earned

\_\_\_\_\_  
Major Current GPA Name of Faculty Advisor

Specify Course Name & Number: \_\_\_\_\_ / \_\_\_\_\_

Brief statement of reason for overload: \_\_\_\_\_  
Start date

Classification (check appropriate box):  Freshman  Sophomore  Junior  Senior

**REMINDER: PLEASE ATTACH A COPY OF YOUR UNOFFICIAL TRANSCRIPT WITH  
YOUR PETITION.**

Advisor Signature & Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Chair Signature & Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Dean Signature & Date: \_\_\_\_\_  
\_\_\_\_\_

Registrar: Date Received: \_\_\_\_\_ Action Completed: \_\_\_\_\_