



Cheyney University of Pennsylvania Petition (Credit Overload)

Date: ____/____/____

Student ID#: 000-_____

Last Name: _____ First Name: _____ M.I.: _____

(____) _____
Telephone Number

Cheyney Email Address (no personal email addresses)

Total credits earned

Major

Current GPA

Name of Faculty Advisor

Course Name

Course Number

Semester attending the class

Year

Brief statement of reason for overload: _____

Classification (check appropriate box): Freshman Sophomore Junior Senior

⚠️ REMINDER: PLEASE ATTACH A COPY OF YOUR UNOFFICIAL TRANSCRIPT

Advisor Signature & Date: _____ Approved Disapproved

Comments: _____

Chair Signature & Date: _____ Approved Disapproved

Comments: _____

Provost/Dean Signature & Date: _____ Approved Disapproved

Registrar: _____ Date Received: _____ Action Completed: _____