



Credit Overload Request

Office of the Registrar, NYU Shanghai
Geography Building, Room 338, ECNU Campus
phone: 021 5109 0875; email: shanghai.registrar@nyu.edu

Students are responsible for reviewing and understanding the credit overload policy in the Undergraduate Bulletin.

Name: _____ Net ID _____ NYU N number: N_____

Address: _____
(number and street) _____ (apt) _____ (city) _____

Phone Numbers: _____
(cell) _____ (permanent) _____

Email Address: _____
(NYU email) _____ (other email) _____

Student Signature: By signing below, I certify that the information contained on this form is true and accurate. I understand misrepresentations of fact are a violation of the Community Commitment to Integrity.

Semester: Fall Spring **Academic Year:** _____

Requested overload course:

Academic Major(s) or Likely Major(s):

Reason(s) for requesting an overload (attach a detailed justification):

Co-curricular activities, or other time commitments:

Other courses scheduled in the term:

Student Signature	Print Name	Date
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Academic Advisor Signature	Print Name	Date
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Associate or Assistant Dean for Academic Affairs Signature	Print Name	Date
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