



Credit Overload Request

Office of the Registrar, NYU Shanghai, 1555 Century Avenue, 10th Floor, Suite 1049, Pudong, Shanghai, China 200122

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

Academic Advisor Signature Print Name Date

Associate or Assistant Dean for Academic Affairs Signature Print Name Date

REGISTRAR USE ONLY
☐ APPROVED ☐ DENIED ☐ POSTPONED DATE: _____