Revised 5/23/16

Leech Lake Tribal College
Student Request for Credit Overload

Student Name: _____ Student ID: _____ Date: ____/____/____

Semester grade received: _____ Year: _____ Current semester: _____ Year:_____

Registrar's Office

Cumulative GPA: _____ **Approved:** **Yes** ☐ **No** ☐ **Reason:** _____

Registrar's Signature: _____

Financial Aid Office

Sufficient Funds Available: **Approved:** **Yes** ☐ **No** ☐ **Reason:** _____

FA Director's Signature: _____

Dean of Academics Office

Dean of Academics: **Approved:** **Yes** ☐ **No** ☐ **Reason:** _____

DA's Signature: _____