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:	
Registral's Signature.			
Financial Aid Office			
Sufficient Funds Available:	Approved: Yes	No Reason:	
FA Director's Signature:			
Dean of Academics Office			
Doop of Academics	Approved: Vec	No Dessen	
		No Reason:	
DA's Signature:			
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LECH		Tribal College	Revised 5/23/16
TRIBAL COLLEGE		Tribal College for Credit Overload	Revised 5/23/16
Student Name:	Student Request	for Credit Overload	
	Student Request	for Credit Overload Student ID:	Date://
Student Name: Semester grade received:	Student Request	for Credit Overload Student ID:	Date://
Student Name:	Student Request	for Credit Overload Student ID:	Date://
Student Name: Semester grade received:	Student RequestYear:	for Credit Overload Student ID: Current semester:	Date:// Year:
Student Name: Semester grade received: Registrar's Office Cumulative GPA:	Student Request Year: Approved: Yes	for Credit Overload Student ID: Current semester: No Reason:	Date:// Year:
Student Name: Semester grade received: Registrar's Office	Student Request Year: Approved: Yes	for Credit Overload Student ID: Current semester:	Date:// Year:
Student Name: Semester grade received: Registrar's Office Cumulative GPA:	Student Request Year: Approved: Yes	for Credit Overload Student ID: Current semester: No Reason:	Date:// Year:
Student Name: Semester grade received: Registrar's Office Cumulative GPA: Registrar's Signature: Financial Aid Office	Year:Approved: Yes	for Credit Overload Student ID:Current semester: NoReason:	Date:// Year:
Student Name: Semester grade received: Registrar's Office Cumulative GPA: Registrar's Signature: Financial Aid Office Sufficient Funds Available:	Year: Approved: Yes Approved: Yes	for Credit Overload Student ID: Current semester: No Reason: No Reason:	Date://
Student Name: Semester grade received: Registrar's Office Cumulative GPA: Registrar's Signature: Financial Aid Office Sufficient Funds Available:	Year: Approved: Yes Approved: Yes	for Credit Overload Student ID:Current semester: NoReason:	Date://
Student Name: Semester grade received: Registrar's Office Cumulative GPA: Registrar's Signature: Financial Aid Office Sufficient Funds Available:	Year: Approved: Yes Approved: Yes	for Credit Overload Student ID: Current semester: No Reason: No Reason:	Date://
Student Name: Semester grade received: Registrar's Office Cumulative GPA: Registrar's Signature: Financial Aid Office Sufficient Funds Available: FA Director's Signature: Dean of Academics Office	Year:Approved: Yes	for Credit Overload Student ID: Current semester: No	Date://
Student Name: Semester grade received: Registrar's Office Cumulative GPA: Registrar's Signature: Financial Aid Office Sufficient Funds Available: FA Director's Signature: Dean of Academics Office	Year: Approved: Yes Approved: Yes	for Credit Overload Student ID: Current semester: No	Date://