



Leech Lake Tribal College
Student Request for Credit Overload

Date: _____ SSN: _____

Student: _____
Last First MI

Registrar's Office:

Cumulative GPA: _____ Current Credit Count _____ Number of Credits Requested _____

Approved: **Yes No** _____
Registrar Signature

If no, reason: _____

Financial Aid Office:

Sufficient Funds Available: Yes No Approved: **Yes No** _____
Financial Aid Director Signature

If no, reason: _____

Dean of Instruction: Approved: **Yes No** _____
Dean Signature

If no, reason: _____



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