Name: _____

BETHEL UNIVERSITY REGISTRAR'S OFFICE

PO Box: _____ Date: ____

ID:		Advisor: _		Advisor PO Box:					
Student Si	gnature:								
Student loa part-time st two precedi of the advis Interim cred	udents. To enro ng semesters, co or and the Office dit max is 5 credi	ring semesters i Il for more than omplete a petiti e of the Registra ts. Summer cre	18 credits, a st on explaining tl ar. dit max is 12 cre	udent must have a Cone reason(s) for the edits. See catalog he	GPA of at leas overload, and ere:	er than 12 credits for it 3.25 in each of the d receive the approval			
https://catalog.bethel.edu/arts-sciences/general-information/student-load/ Credit Overload (Return to Bethel University Registrar's Office – Registration Coordinator)									
	of Planned vith Overload	Term GPA of the Last Two Semesters		Advisor Signature					
Credits w	ntii Overload	TWO Ser	nesters						
Circle:	Spring	Summer		Fall Year:					
Write justification in space below:			Registrar Use Only: Approve Disapprove						

PO Box: _____ Date: ____

ID:	Advisor:	Adv	Advisor PO Box:			
Student Signature:						
	Other Po	etitions*				
(Re	eturn to Bethel University Reg		ition Coordinat	or)		
Type of Petition	Required S			Registrar Use Only		
Type of Fedition	nequired 3	igilature	Approve	Disapprove		
	Write justificatio	n in space below:				
	•	•				

*Bethel course substitutions and transfer equivalency changes can also be petitioned using the online form: https://www.bethel.edu/undergrad/admissions/explore/undergrad-course-petition