\sim DEDIT	OVERLO	CD DET	ITIONIC

BETHEL UNIVERSITY REGISTRAR'S OFFICE

Name: _			PO Box:	Date:
ID:		Advisor:	A	dvisor PO Box:
Student	Signature:			
Student lo part-time two prece of the adv	students. To enro	ring semesters is 12 to 18 cred Il for more than 18 credits, a st	cudent must have a GPA he reason(s) for the over	es and fewer than 12 credits for A of at least 3.25 in each of the erload, and receive the approval ou will be charged additional
CAS interi be deniec		re credits; there are no excepti	ons to this policy. Petit	ions for overload in interim will
See catalo	og here: https://d	catalog.bethel.edu/arts-scie	nces/general-informa	ation/student-load/
	(Retu	Credit Orn to Bethel University Regis		ration Coordinator)
Total # of Planned Term GPA of the Last Credits with Overload Two Semesters		Advisor Signature		
☐ Fall	Spring	Summer	Year:	State of the Control
Write justification in space below:		Approve	strar Use Only: Disapprove	

Name:		PO Box:		Date:					
ID: Advisor: Advisor PO Box: Student Signature:									
	Other De	titions*							
Other Petitions* (Return to Bethel University Registrar's Office – Registration Coordinator)									
			0.2.2.2.2.2.	Registrar Use Only					
Type of Petition	Required Sig	gnature		Approve					
	l Write justification	in space below:							

CREDIT OVERLOAD/OTHER PETITIONS

BETHEL UNIVERSITY REGISTRAR'S OFFICE

^{*}Bethel course substitutions and transfer equivalency changes can also be petitioned using petition forms on the registrar's website: https://www.bethel.edu/registrar/forms/