



MADISON COLLEGE

Study Load Approval Form

INSTRUCTIONS - Active program students may submit this form to request permission to enroll in more than 18 credits. Students must obtain approval and signature from the academic advisor/faculty of their program.

A student who is carrying a 12-hour credit load or is in classroom attendance twenty periods per week is considered a full-time student. Study load permission does not supercede class requirement(s) that must be met to enroll in a class.

Program students active in programs which require completion of more than 18 credits per term should only submit this form if requesting to exceed the credits limits of his/her programs. Refer to program curriculum for credit requirements/limits.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Student ID _____ Program of Study _____

Academic Year _____ Term Fall Spring/Interim Summer Current Number of Credits _____

REQUEST - # of Additional Credits Desired _____ Class # and Title _____

STUDENT SIGNATURE & AGREEMENT

By signing, I certify that all of the above information and statements are true to the best of my knowledge. I acknowledge that submission of this form will result in carrying more than a full-time course load for the above term, and understand that a student carrying at least a 12-credit study load is considered a full-time student. I understand the impact an increased load may have on my financial aid, veterans benefits and financial obligations.

I acknowledge that I will be held responsible for my enrollment should it exceed the 18-credit study load limit.

Student Signature _____ Date _____

FACULTY/ADVISOR/COUNSELOR SIGNATURE & AGREEMENT

Faculty/Advisor/Counselor Name _____ SDC Advisor/Counselor

Faculty - School Office _____

I have discussed the impacts of an increased study load of _____ additional credits with the student named above. Factors in the discussion may include the student's current enrollment and GPA, personal/work commitments, financial impacts, possible graduation/program completion status, etc.

Faculty/Advisor/Counselor Signature _____ Date _____

SUBMISSION INSTRUCTIONS

This form is not accepted by fax, mail or email. Please submit your completed form **in-person** along with a photo ID to the:

Enrollment Center, Rm. A1000, 1701 Wright St. Madison, WI 53704 or any regional or metro campus

Students may present this completed form in-person with a photo ID to request staff-assisted enrollment. Requests meeting class requirements will be processed and confirmed at the time of submission and the completed form will be retained for the student record.

Questions? For further assistance, visit the Student Development Center, Rm. D1618 or call (608) 246-6076.

Truax Enrollment Center, Regional and Metro Campus Staff - Process, complete below and email to intake@madisoncollege.edu.

Staff Name _____ Staff Title _____ Date Processed _____