GRADUATE NON-DEGREE COURSE OVERLOAD FORM

OFFICE OF THE REGISTRAR 220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10 LOWELL, MA 01854

Last Name		First Name	МІ
UML/SiS ID	Telephone	Email	
Major			

Please choose one option below:

- I am requesting to be allowed to take the graduate courses listed below which are beyond the 12 credit limit for non-degree students. I have submitted a graduate application and understand that this application must be completed before the department can make a decision on my acceptance. I realize that I must be accepted during the semester in which I am taking the overload of courses in order to have these courses count toward my degree requirements. If I am rejected from the program to which I applied, I agree never to request that these courses be considered for a degree program if I reapply at some future date. Furthermore, I absolve the University of Massachusetts Lowell of any responsibility in the decision to allow me to enroll in courses beyond the maximum 12 credit limit for non-degree students.
- I understand that I have reached the 12 credit limit for non-degree students. I am requesting to enroll in courses below solely for the purpose of obtaining professional development skills. I also understand that the said courses cannot be used towards a degree or certificate program should I apply and be accepted to a program in the future. Furthermore, I absolve the University of Massachusetts Lowell of any responsibility in the decision to allow me to enroll in courses beyond the maximum 12 credit limit for non-degree students.
- I am a student in a graduate certificate program which requires more than 12 credits.

COURSE REQUESTED

Course Number	Course Title	Credits	Semester
Student Signature	Date		
Coordinator Signature	Date		

For Office Use Only:	Doc Type: Course Overload	
Processor Name	Imager Name	Effective Term
Date	Date	Verifier 1 Name
		Verifier 2 Name