



UNIVERSITY OF NEW ENGLAND

Graduate Request for Credit Overload

PRN: _____

Student Name: _____

E-mail Address/ Phone: _____

Class of _____

Fall 20 _____

Spring 20 _____

Summer 20 _____

List all courses you would like to take below:

Course Number (CRN)	Course Name/ Description	Credits

TOTAL CREDITS: _____

Student Signature Date

Advisor's Signature Date

Academic Dean's Signature Date

REGISTRAR'S OFFICE
 Biddeford Campus 11 Hills Beach Road (Decary Hall, Room 114) Biddeford, Maine 04005
 Phone: (207) 602-2473 Fax: (207) 602-5927
 Portland Campus 716 Stevens Avenue (Hersey Hall, Room 119) Portland, Maine 04103
 Phone: (207) 221-4200 Fax: (207) 221-4898
 Website: www.une.edu/registrar