



**Leech Lake Tribal College  
Student Request for Credit Overload**

Student: \_\_\_\_\_

**Registrar's Office:**

Cumulative GPA: \_\_\_\_\_ Current Credit Count \_\_\_\_\_ Number of Credits Requested \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Aid Office:**

Sufficient Funds Available: Yes No

Approved: **Yes No** \_\_\_\_\_

If no, reason:

\_\_\_\_\_

Financial Aid Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean of Academics:**

Approved: **Yes No** \_\_\_\_\_

If no, reason:

\_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_