



Grove School of Engineering
Office of Undergraduate Affairs
Steinman Hall 209

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TEL: (212) 650-8020
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REQUEST FOR INCREASE IN CREDITS

Date _____

I, _____ request permission to register for _____ credits above the allowed maximum of **18** for the _____ semester. Should this request be granted I understand that no course will be dropped or withdrawn under any circumstances.

STUDENT SIGNATURE & ID #

Dean's Approval

Yes _____ No _____

Dean's Signature _____