



**Credit Overload Request Form**

**Student Details**

އިތުރު ފޮޓް ކްރެޑިޓް ހޯދުމަށް ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޔުނިވަރސިޓީ

Full Name and Address

Student Number  National ID Card No

Present Contact Address

MNU Email Address

Contact Phone Numbers

**Course Details**

ކްރެޑިޓް ހޯދުމަށް ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޔުނިވަރސިޓީ

Primary (main) course

Faculty/Centre

Postgraduate  Undergraduate

Non-Degree Postgraduate  Non-Degree Undergraduate

Previous Semester GPA  Cumulative GPA

**Requested overload**

އިތުރު ފޮޓް ކްރެޑިޓް ހޯދުމަށް ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޔުނިވަރސިޓީ

Year  Term 2  Term 1

Do you have any Incompletes? No  Yes

Is this your final semester? No  Yes

Reason for overload

**Subject details**

އިތުރު ފޮޓް ކްރެޑިޓް ހޯދުމަށް ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޔުނިވަރސިޓީ

Subject code	Section	Subject (course) title	Credit	Normal	Overload
Total Credits Requested			<input type="text"/>		

**Declaration**

އިތުރު ފޮޓް ކްރެޑިޓް ހޯދުމަށް ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޔުނިވަރސިޓީ

I have reviewed the eligibility criteria for credit overload. I confirm that there are no time-table clashes resulting from this credit overload. I hereby request that I be registered in the subjects listed above. I understand and accept that the extra work involved in taking an overload may have adverse effects on my overall standing.

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Student's Signature  Date:

**ACTION COMPLETED – OFFICE USE ONLY**

APPROVAL

Coordinator/HoD (if required by Faculty/Centre)

Dean/Head of Faculty/Centre

Registrar's Initials

Name  Signature  Date

Total Credits Approved

Faculty Stamp