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**PART-TIME STUDENT INCREASED COURSE LOAD (ICL) REQUEST FORM**

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| ***Section 1. General Information:***  As indicated in the Cleveland-Marshall Student Handbook A.R. 4.4(d), the maximum course load for part-time  students is 12 hours per semester and the minimum course load is eight hours per semester.  Part-time students wishing to enroll for more than 12 credits for any given semester, must complete/submit an  Increased Course Load Request Form to the Office of Student and Career Services, and be granted approval by  the Associate Dean, BEFOREregistering for classes.  Part-time student registering two consecutive terms for more than 12 credits, will automatically have their  Academic Load status switched from part-time to full-time by Law Records Office staff. \***NOTE: THIS**  **SWITCH MAY LIKELY AFFECT YOUR CLASS RANK. Remember that changes to your course load and**  **schedule have financial impact. You should discuss with All-in-One (**[**allinone@csuohio.edu**](mailto:allinone@csuohio.edu)**) the**  **financial impact to you of an increased course load before submitting this form.** |
| ***Section 2 (to be completed by the student):***  Name (LAST, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_ \_\_\_\_\_\_\_\_\_\_\_\_  E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Semester for which you request permission for ICL: \_\_\_\_Fall \_\_\_\_Spring \_\_\_\_Summer Year \_\_\_\_\_\_\_\_  ***Reason for ICL*** *(Please mark the appropriate box)****:***   * Enrolling in one additional course that increases my part-time course load above the allowable 12 credits per semester. * Last semesterof a student’s academic program (final program requirements).   I have read and understand the above requirements for the Increased Course Load, and I confirm that the information I have provided is true and correct.  **STUDENT SIGNATURE:**   **Date :** |
| ***Section 3 (to be completed by Associate Dean):***   * I confirm the reason above and recommend ICL for the term request. * I don’t recommend ICL for the term request.   **Comments:**  **ASSOCIATE DEAN SIGNATURE:**   **Date:** |

# Revised 3/2/21