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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****) 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