



# Credit Overload Petition

Return to: Registrar's Office  
 Bldg. 3 Rm. 353  
 assistant.registrar@cei.edu  
 208-535-5673

Attach additional supporting documentation as needed

**Student Information**

Date \_\_\_\_\_ Student ID \_\_\_\_\_  
 Name \_\_\_\_\_ Program \_\_\_\_\_  
 Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Petition Information**

I petition to be allowed to deviate from institutional regulation as follows:

*By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For CEI Use			
Comments:			
Petition is	Dept. Chair	Dean of SA	Registrar Office
	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Signatures			
Department Chair	_____	Date	_____
Dean of Student Affairs	_____	Date	_____
Registrar	_____	Date	_____