

OVERLOAD REQUEST FORM



I. STUDENT INFORMATION

Student Name: _____

Student ID: _____

Major: _____

Overall GPA: _____

Minimum of 3.0 cumulative GPA required

II. SEMESTER INFORMATION

Year: _____

Semester: Summer May
 Fall Winter
 Spring

Session: I III
 II Extended

III. SCHEDULE INFORMATION (List ALL courses you are enrolled in for the semester)

	Subject Prefix (ENG)	Course Number (1301)	Section (01)	Credit Hours (3)
1				
2				
3				
4				
5				
6				
7				
8				

Fall or Spring Semester

Undergraduate - 19 hours or more

Graduate - 13 hours or more

Summer Semester

Undergraduate - 8 hours or more

Graduate - 13 hours or more

IV. OVERLOAD COURSE (List course you are seeking permission to register for an overload)

	Subject Prefix	Course Number	Section	Credit Hours
9				
10				

This change will bring total enrollment for the semester to _____ (total) credit hours.

Reason for overload: _____

V. REQUIRED SIGNATURE

I am aware that I will be responsible for any additional charges incurred as a result of this additional enrollment.

Student Signature: _____

Date: _____

VI. APPROVAL SIGNATURE

Academic Advisor Signature: _____

Date: _____

Dean Signature: _____

Date: _____

Enrollment into the overload course is processed when the completed form is submitted to the Office of Student Records.

For Office of Student Records Use Only

Processed by: _____ Date: _____