

Fayetteville State University
Fayetteville, North Carolina

TO: Dr. Marion Gillis-Olion
Provost and Vice Chancellor
For Academic Affairs

FROM:

RE: Extra Student Load

DATE:

It is requested that _____ be granted
Student's Name Student's ID

permission to carry _____ semester hours during _____ Semester or _____
Fall/Spring First/Second

Summer Session _____ for the following reason:
Academic Year

Approved: _____

Approved: _____

Disapproved: _____

Disapproved: _____

Provost and
Vice Chancellor for Academic Affairs

Dean

College/School