

Office of the Registrar Course Overload Request Form

For Semester: Fall Spring	g Summer I Summer I	I Year:			
College/School:	Departme	nt:			
Student's Name:	Banner ID:	Cumul	Cumulative GPA:		
Hours currently Enrolled in:	Additiona	dditional hours requesting:			
Please attach the student's Curro overload is approved, will this st	=	-		=	
If the answer is NO , then the studenth only be given when the semester/term for which the over the behalf of the behalf of the over the behalf of the beha	overload will enable the stude erload is requested.	ent to complete deg			
Justification: Why is this overload	d request necessary?				
What course do you intend to ta	 ke as an overload, if approval i	s granted?			
Course Prefix & Number	Section	Term	Acade	ademic Advisor (Type & Sign)	
Course Prefix & Number	Section	Term	Acade	emic Advisor (Type & Sign)	
1) Hours currently enrolled:	2) Additional hours reque	ested: 3) To	otal hours (1+	·-2):	
I acknowledge that the extra wor	rk involved in taking an overloa	d may have adverse	e effects on m	ny overall standing.	
Student's Signature		Date			
Department Chair:	Date:		proved	Disapproved	
Dean (School/College):	Date:	Ap	proved	Disapproved	

Revised: 09/2015

Submit to the Office of Registrar (after all required signatures have been obtained)