Revised November 2010

THE GRADUATE SCHOOL

COURSE OVERLOAD REQUEST FORM

Semester: ____ Fall ____ Spring ____ Summer I ____ Summer II Year: 20___

Student's Name: _____ Banner#: _____ Cumulative GPA: ____

College/School: _____ Department: _____ Program: _____

Please attach the student's approved Program of Study. If this overload is approved, will this student be eligible for graduation at the end of this semester? ___ Yes ___ No

Justification for Request:

What course do you intend to take as an overload, if approval is granted?

Course Prefix & Number	Section	Term

I acknowledge that the extra work involved in taking an overload may have adverse effects on my overall standing.

Student's Signature: _____ Date: _____

Program Coordinator: _____ Date: _____ Approved ___ Disapproved ___

Department Chair: _____ Date: _____ Approved ___ Disapproved ___

Dean School/College: _____ Date: _____ Approved ___ Disapproved ___

Dean of The Graduate School: _____ Date: _____ Approved ___ Disapproved ___

Cc: Student
Program Coordinator
Department Chair
Dean School/College
Dean of The Graduate School
Registrar's Office (Original)