



Fayetteville State University Course Overload Request Form

I, _____, am requesting permission to
Full Name *Banner Id*
carry _____ semester hours during Fall / Spring / Summer Session I / Summer Session II
_____ for the following reason:
Year
check one

Approved: () Date: _____
Disapproved: () Date: _____

Approved: () Date: _____
Disapproved: () Date: _____

Advisor

Advisor

*Department Chair (Undergraduate or Graduate)

*Department Chair (Undergraduate or Graduate)

*Dean (Undergraduate or Graduate)

*Dean (Undergraduate or Graduate)

Provost and Vice Chancellor for Academic Affairs

Provost and Vice Chancellor for Academic Affairs

*Department chair and Dean signatures will depend on the level of the student.