



Office of the Registrar
Course Overload Request Form

For Semester: Fall Spring Summer I Summer II Year _____

College/School: _____ Department: _____

Student Name: _____ Banner ID: _____ Cumulative GPA: _____

Hours currently enrolled in: _____ Additional hours requesting: _____

Please attach the student's Curriculum Planning Guide and Degree Audit Worksheet or CAP Degree Audit.

If this overload is approved, will this student be eligible for graduation at the end of this semester? Yes No

If the answer is **NO**, then the student may not receive an overload.

FSU policy states that approval of overloads will normally only be given when the overload will enable the student to complete degree requirements in the semester/term for which the overload is requested.

<http://catalog.uncfsu.edu/ug/academicregulations/courseload.htm>

Justification: Why is this overload request necessary?

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

| Course Prefix & Number | Section | Term | Academic Advisor (Type & Sign) |
|------------------------|---------|------|--------------------------------|
| | | | |
| Course Prefix & Number | Section | Term | Academic Advisor (Type & Sign) |
| | | | |

1) Hours currently enrolled: _____ 2) Additional hours requested: _____ 3) Total Hours (1+2): _____

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

Student's Signature: _____ Date: _____

Department Chair: _____ Date: _____ Approved Disapproved

Dean (School/College): _____ Date: _____ Approved Disapproved

Provost and VC for Academic Affairs: _____ Date: _____ Approved Disapproved