# Office of the Registrar
# Course Overload Request Form

For Semester: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II Year: _____

College/School: _____ Department: _____

Student's 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 CAPS 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?

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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): _____

**Do you approve any override needed (ex: closed, prerequisite, time conflicts, and etc.)?** ☐ Yes ☐ No

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

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

Revised: 09/2015