REQUEST FOR PERMISSION TO TAKE A COURSE OVERLOAD

Semester: _____Fall _____Spring _____Mini-term _____Summer 20_____

Name:_____Major:_____Date:_____

Student I.D. # :_____Phone: _____ Email: _____

Cumulative credit hours:_____GPA:_____

What is the maximum number of hours you have attempted in one term? _____

How many of those hours did you pass? _____With what GPA? _____

Did you withdraw from any courses in which you were enrolled that term? _____

How many terms have you attempted an overload? _____

Why do you feel you need to take an overload this term?

What courses do you wish to take this term?

Total hours attempting to register for this term: _____

_____

APPROVALS

ADVISOR: _____

DIRECTOR/SCHOOL: _____

DIRECTOR OF ADVISING: _____