

REQUEST FOR COURSE OVERLOAD

Date: _____ TERM: SUMMER FALL WINTER SPRING Year: _____

Name: _____ Site: _____ Student ID Number: _____
First Middle Last

Address: _____ Day Phone: _____ Evening Phone: _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

Degree or Certificate Program: _____ Emphasis, Major or Plan: _____

**The maximum credit load per term is 15 credits for undergraduate students, and 9 credits for graduate students.
Credit load in excess of this must be requested through an advisor.**

	Course Number:	Credits:	Site:	Weekend:
Standard Course Load	1.			
	2.			
	3.			
Course Overload	4.			

Total Credits Requested This Term: _____ Date of Last Attendance: _____

Student Advisor Comments:

Advisor's Signature

FOR ACADEMIC USE ONLY

Date Received:	Credits Completed To Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	GPA:
School Dean: _____ (print name)	
School Dean's Signature: _____	

FOR REGISTRAR'S OFFICE USE ONLY

Date Received:	Registrar Staff Initials:
<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
If not eligible, why?	
