ALABAMA A&M UNIVERSITY
School of Graduate Studies
Normal, Alabama 35762
Post Office Box 998
Telephone: (256) 372-5266

COURSE OVERLOAD FORM

NAME OF STUDENT: __________________________________________
(Last) (First) (Middle)

STUDENT NUMBER: ______________ DEPARTMENT: ______________

TOTAL NUMBER OF HOURS REQUESTED AS AN OVERLOAD: __________

IN ______________________ SEMESTER/YEAR __________________

TOTAL NUMBER OF SEMESTER HOURS STUDENT WILL BE ENROLLED: ______

OVERALL GRADE POINT AVERAGE: _______ GRADUATION DATE: _______

JUSTIFICATION FOR OVERLOAD: ______________________________________

_______________________________________________________________

_______________________________________________________________

SIGNATURES:

Student: __________________________ Date: ________________

Advisor: __________________________ Date: ________________

Graduate Dean: __________________ Date: ________________

VPAA: __________________________ Date: ________________