Undergraduate Request for Course Overload Form

Date: __________________________

Name: __________________________|________________________| Banner No. __________________

  Last                First          MI

Semester of course overload: __________________________ Total hours requested as an overload: ______

Semester & Year

Total hours student will be enrolled with overload: __________

Cumulative grade point average: __________ Graduation Semester: __________________________

(Permission for an overload is restricted to students with a Cumulative GPA of 3.0 or above.)

Justification: __________________________

________________________

________________________

________________________

Student Signature (REQUIRED): __________________________ Date: __________________________

APPROVALS:

Advisor’s Name (Print/Type): __________________________ Date: __________________________

Advisor’s Signature: __________________________ Date: __________________________

Registrar’s Signature: __________________________ Date: __________________________

Rev. 7/2015