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: ___________

***Please Note: Hours above 21 must be approved in Academic Affairs.***

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. 12/2017