

Undergraduate Request for Course Overload Form

Date:		
Name:		Banner No.
Last	First	MI
Semester of course overload:	Semester & Year	Total hours requested as an overload:
Total hours student will be enro	lled with overload:	
***Please Note: Hours above 2:	1 must be approved in	n Academic Affairs. ***
Cumulative grade point average	:	Graduation Semester:
(Permission for an o	verload is restricted to stu	udents with a Cumulative GPA of 3.0 or above.)
Justification:		
Student Signature (REQUIRED):		Date:
APPROVALS:		
Advisor's Name (Print/Type):		Date:
Advisor 5 Name (Print/Type).		Date.
Advisor's Signature:		Date:
Registrar's Signature :		Date: