Office of the Registrar
Alabama A&M University
204 Patton Building
Normal, AL 35762
256-372-5254

Undergraduate Request for Course Overload Form

Date: _____

Name: _____ (Last) _____ (First) _____ (MI) **Banner No.** _____

Semester of course overload: _____ (Semester & Year) **Total hours requested as an overload:** _____

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:** _____