Graduate Student Request for Course Overload Form

Date: __________________________

Name: __________________________ | __________________________ | __________________________

Banner No. __________________________

Last
First
MI

Semester of course overload: ____________ Additional hours requested as an overload: ____________

Semester & Year

Total hours student will be enrolled including overload: ____________

***Please Note: Hours above 21 must be approved in Provost Office.***

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: __________________________

Graduate Dean’s Signature: __________________________ Date: __________________________

Rev. 07/15/2019