



**REQUEST FOR DUAL ENROLLMENT, SUMMER ENROLLMENT AND/OR  
REQUEST TO COMPLETE LAST HOURS FOR GRADUATION OFF-CAMPUS**

(At least 15 of the final 30 hours or 50% of courses in Major applied toward your degree must be taken at Langston University)

Name \_\_\_\_\_ Campus Wide ID (CWID) \_\_\_\_\_  
Please Print or Type

PROJECTED DATE OF GRADUATION: \_\_\_\_\_ 20\_\_\_\_\_  
(Summer, Spring, or Fall)

I, \_\_\_\_\_ Date \_\_\_\_\_

Request permission to enroll in courses during  Fall  Spring  Summer \_\_\_\_\_ (yr).

take course(s) at another institution while enrolled at Langston University

take Summer course(s) at another institution

complete the last \_\_\_\_\_ hours of degree requirements for semester/term

**Name of Institution**

\_\_\_\_\_

Course Prefix	Course Number	Course Title
_____	_____	_____
_____	_____	_____

**Name of Institution**

\_\_\_\_\_

Course Prefix	Course Number	Course Title
_____	_____	_____
_____	_____	_____

Total semester hours including hours taken at Langston University not to exceed \_\_\_\_\_ hours. Combined enrollment must not exceed 18 hours, (Fall and Spring) and 9 hours (Summer). Students must obtain approval to complete an overload.

**Please print and sign name**

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean of School or Chairperson Approval \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Approval \_\_\_\_\_ Date \_\_\_\_\_

<b>STUDENT OVERLOAD (must obtain necessary approval if overload is requested)</b> 16-week semester (regular).....19 to 22 hours ("B" average preceding semester required) 16-week semester (regular).....23 hours (3.75 GPA preceding semester required) 8-week term.....10 to 11 hours ("B" average preceding semester required) 5-week term.....6 hours ("B" average preceding semester required) 4-week term.....5 hours ("B" average preceding semester required)	
<b>Total number of hours requested including the OVERLOAD hours</b>  _____	<b>Completed by Registrar's Office staff ONLY</b>  CGPA (previous current semester) _____ Signature of person verifying (Registrar Staff) _____
<b>Approving Signatures (ONLY if OVERLOAD is requested)</b>  _____ Dean of School or Chairperson Date _____  _____ V P Academic Affairs Date _____	