



STUDENT OVERLOAD REQUEST FORM

INSTRUCTIONS: This form will be completed by the Advisor for all overloads with attachment of Class Schedule or Add & Drop form. An overload is defined as:

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)

Name _____ **Campus Wide ID (CWID)** _____

Classification _____ **Overload requested for** ___Fall ___Spring ___Summer 20___

Reason for Overload _____

Total Number of Hours Requested (including overload) _____

Student Signature

Date

Official Use Only

Grade Point Average (previous current semester) _____

Verification by Registrar’s Office _____

Signature of person verifying

Advisor

Date

Department Chairperson

Date

School Dean

Date

Vice President for Academic Affairs

Date

Registrar

Date