

GRADUATE OVERLOAD PETITION
(FOR NON-FUNDED GRADUATE STUDENTS)

INSTRUCTIONS: If you would like to register for more than 16 credits (18 in management), fill out and sign the top portion of this form; have the Chair or director of graduate studies for your program sign the form; return the form to the Graduate School, AD 134, for processing

Name _____ Student ID# **B** _____

Semester _____ Year 20 _____ Status: Matric Non-matric

Department _____ Total No. of Credits you wish to carry this semester _____

Please list all courses for which you are already registered.

Course Title	Course Number	Credit Hours

Please list courses you wish to take as an overload.

CRN	Course Title	Course Number	Credit Hours

Justification for Overload _____

Signature of Student _____ Date _____

FOR DEPARTMENT USE	
The request for a graduate course overload is	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____	_____
Chair or Director of Graduate Studies	Date

FOR GRADUATE SCHOOL USE	
The request for a graduate course overload is	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____ Credits Processed	
_____ Date	
_____	_____
Dean	Date