UNDERGRADUATE OVERLOAD REQUEST

DATE ______________________ Email ______________________

NAME___________________________________ BU ID NUMBER____________

Overload requested for _________________ semester, 20 _____ (must be current semester)

NOTE: THE MAXIMUM OVERLOAD REQUEST IS FOR 24 CREDITS

The HDEV Academic Adviser acts on requests for up to 20 credits. Petitions for 21-24 credits are considered by the Academic Standards Committee, which meets as needed during the regular semesters.

Total number of credits you wish to carry (NOT TO EXCEED 24 CREDITS) __________

Courses for which you are currently registered:
1. ____________________________ 2. ____________________________
3. ____________________________ 4. ____________________________

Course(s) you wish to overload
1. ____________________________ 2. ____________________________

Basis for your request:
A. Graduation this semester _____
B. Academic excellence (3.3 or better cumulative GPA) _________________
C. Extraordinary circumstances ______________________

PLEASE INCLUDE A JUSTIFICATION FOR YOUR REQUEST BELOW (use reverse side if necessary).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

YOUR OVERLOAD REQUEST FOR ________ CREDITS IS APPROVED/DENIED

________________________________, Academic Adviser Date: ________________________

________________________________, HDEV Dept. Chair Date: ________________________

PLEASE NOTE: If your overload request has been approved, the new credit level has been programmed into the registration system and you may register for these additional credits. Department will register you for HDEV 391, HDEV 395/495, HDEV 397/497.

DISTRIBUTION: Student HDEV Advising Office