

Undergraduate Student Overload Request Form

Name: _____

Today's Date: _____

B#: _____

Phone #: _____

Local Address: _____

OVERLOAD REQUESTED FOR:

Semester: _____

Year: _____

- I. A. Credits completed previous semester:
B. Total credits completed to date:
C. Major:
D. Expected graduation date:

- II. A. Total number of credits you wish to carry:
B. All courses you hope to take: Please check the course(s) you wish to take as an overload.
1.
2.
3.
4.
5.
6.

III. I believe that I meet the following criterion of approval: (Please check box that applies.)
Graduation this semester: 3.0 GPA, (1) course only or 3.5 GPA, more than (1) course
Academic excellence: 3.5 GPA, (1) course only or 3.8 GPA, more than (1) course
Though I do not meet either of the two established criteria, I believe I should be granted an overload for the following extraordinary, extenuating circumstance(s):

Student's signature: _____

Your overload request for _____ credits has been:

Approved

Denied

Advisor

Date