

# 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