



## 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