Credit Overload Request

Name: _____   Student ID Number: _____

Phone: _____   E-mail: _____

Date: _____   Semester: _____

Major: _____   Year in School: _____
(Only SO, JR or SR)

Current GPA: _____
*GPA must be at least a 3.0 for an overload request.

No. of Hours Requested: _____
(Limited to 21)

Reason for Overload:

Proposed Courses:

_____
Student Signature   Date

Approval of Advisor: _____   Date: _____   _____ Received Date

Approval of Division Chair: _____   Date: _____   _____ Input Date

_____ Initials