

Course Overload Request Form

(For Exploratory Students and Students on Academic Probation Only)

Name: _____ Student ID #: _____

Telephone #: _____ () _____ Email: _____ Current GPA: _____

Classification (circle one): FR SO JR SR Major: _____

Advisor: _____ Academic standing: _____

I. Please indicate the reason why you are requesting an exception to the Overload Policy:

- Anticipated graduation within next two terms. *Anticipated Graduation Month/Year:* _____
- Other: _____

II. Term of course overload (circle one): Fall Spring Summer Year: _____

How many hours do you propose to take? _____ TOTAL

III. Using the chart below, list ALL the courses you plan on taking for the semester during your overload semester :

Department & Course Number	Section #	Credit Hours

IV. Please provide a clear and concise explanation describing your reason(s) for this appeal.

V. If your appeal was not approved, please describe the impact this would have on your academic plan.

Student's Signature

Date

FOR OFFICE USE ONLY

Approved _____ Denied _____ Advisor Signature _____ Date _____

Notes: _____

Updated in Banner? _____