

REQUEST TO SCHEDULE AN OVERLOAD

Student I.D.: _____ Last Name _____ First _____ Middle _____ Term/Yr _____ Total Hours Proposed _____

Cumulative GPA: _____ GPA Last Term: _____ Classification: _____ Major: _____

TYPE OF OVERLOAD REQUESTED: (Please ✓ one of the following)

A. Regular Session Requests

- Undergraduate with Dean's List status (3.50) during last term of enrollment who desires to register for 20 or 21 hours.
(adviser only approval required)
- Undergraduate with a GPA less than 3.5 during last term of enrollment who desires to register for 20 or 21 hours.
(adviser and department head approval required)
- Undergraduate who desires to register for 22 hours. (adviser, department head, and dean approval required)
- Undergraduate who desires to register for 23 or more hours. (adviser, department head, dean, and vice chancellor approval required)
- Graduate student who desires to register for 16 or more hours. (adviser, department head, and graduate dean approval required)
- Graduate student with an assistantship who desires to register for 13 or more hours.
(adviser, department head, and graduate dean approval required)

B. Summer Session Requests

- Undergraduate who desires to schedule more than 6 hours in any one session. Specify session(s): _____
(adviser, department head, and dean approval required)
- Undergraduate who desires to schedule more than 16 hours for the entire summer session.(including mini-mester)
(adviser, department head, and dean approval required)
- Graduate who desires to schedule more than 6 hours in any one session. Specify session(s): _____
(adviser, department head, and graduate dean approval required)
- Graduate who desires to schedule more than 16 hours for the entire summer session.(including mini-mester)
(adviser, department head, and graduate dean approval required)

REASON FOR THE OVERLOAD: _____

Proposed Class Schedule

| CRN# or Course ID, Number & Section | Course Title | Credit Hours | Instructor |
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Approvals: The student should obtain only those approving signatures required for the request being made.

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| (1) _____ Advisor Date | (4) _____ Vice Chancellor for Academic Affairs Date |
| (2) _____ Department Head Date | (5) _____ Registrar Date |
| (3) _____ Undergraduate/Graduate Dean Date | |

Note: Your overload request is not official until the Registrar has received all signed copies. The Registrar will distribute copies to the student, adviser, and administrative offices.