

**Dick and Mary Lewis Kleberg College of Agriculture
and Natural Resources**

STUDENT OVERLOAD REQUEST

Date _____

It is requested that I, _____ be permitted to carry an overload of classes during _____ semester, _____, for the following reason:

I wish to carry a total load of _____ hour(s), which is an overload of _____ hours.

PLEASE ATTACH AN UP-TO-DATE TRANSCRIPT AND YOUR PROPOSED SCHEDULE FOR THE SEMESTER WITH THE OVERLOAD.

SIGNATURES:

STUDENT K#

ACADEMIC/FACULTY ADVISOR

CHAIR

DEAN