

COURSE OVERLOAD APPROVAL FORM

TO BE COMPLETED BY STUDENT

Student's Name (Print):	Last	First	Middle
K-Number:			
Major:			
Overall Cumulative GPA:			
Last Semester GPA:			
Regular hours registered:			
Overload hours (>18) requested:			
Graduation Date (Month/Year):			
Documents to be Submitted:	<ol style="list-style-type: none"> 1. <i>On a separate sheet of paper, student should state the reason for requesting overload approval.</i> 2. <i>Show all courses you will take semester-by-semester until you graduate (including overload courses).</i> 3. <i>Updated transcript.</i> 		

APPROVALS

For all the courses the student has registered this semester including the overload course(s), has the student completed the pre-requisites?

YES NO

Approved Denied

Advisor Signature

Date

COMMENTS:

Approved Denied

Department Chair Signature

Date

Approved Denied

Associate Dean Signature

Date

COMMENTS: