



Graduate Student Overload Request

Date: _____

It is requested that I, _____, K ID# _____, be

permitted to carry over an over load of classes during the _____ semester for the following reason(s):

I wish to carry a total load of ____ hours which is an overload of ____ hour(s).
Attached is a copy of my current transcript and the proposed schedule for the semester with the overload.

Signatures/Approval:

_____	_____	Date: _____
Student	Signature	
_____	_____	Date: _____
Graduate Coordinator	Signature	
_____	_____	Date: _____
Department Chair	Signature	
_____		Date: _____
VP for Research and Dean of Graduate Studies		

For Registrar's Office use only: Processed By _____ Date _____

Return this form to the Office of the Registrar in person at the Javelina Enrollment Services Center (JESC), by fax at 361.593.2195 or Email: registrar@tamuk.edu.