



# Overload Request Form

Students are charged a fee of \$500 per hour taken above 18 hours.

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**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_  
Last name First Name Middle Name

**Classification:**  Freshman  Sophomore  Junior  Senior **Major:** \_\_\_\_\_

**Cumulative GPA:** \_\_\_\_\_

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### Information for Overload Request:

**Semester:**  Fall  Spring  Summer **Year:** \_\_\_\_\_

**Number of Overload Hours Requested:** \_\_\_\_\_

**Reason for Requesting Overload:** \_\_\_\_\_  
\_\_\_\_\_

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*Please get approvals in order:*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division Chair's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provost's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Registrar's Office use only:

**Processed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_