



Overload Request Form

Students are charged an overload fee per hour taken above 18 hours.

Student Name: _____ **ID:** _____
Last name First Name Middle Name

Classification: Freshman Sophomore Junior Senior **Major:** _____

Cumulative GPA: _____

Information for Overload Request:

Semester: Fall Spring Summer **Year:** _____

Number of Overload Hours Requested: _____

Reason for Requesting Overload: _____

Please get approvals in order:

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

School Chair's Signature: _____ **Date:** _____

Registrar's Office use only:

Processed By: _____ **Date:** _____