

COURSE OVERLOAD REQUEST

Name: _____ ID # _____
Last Name First Name Middle Initial

Year _____ Semester _____ Student Signature: _____

Reason for
Overload Request: _____

1st Major: _____ 2nd Major: _____

When do you plan
to Graduate? (please circle one) May/ July/ Dec 20_____

How many hours do you work per
week? _____

LIST ALL COURSES YOU PLAN TO TAKE THIS SEMESTER

Course Prefix	Course Number	Section Number	Course Title	Credit Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal of Hours Attempting _____

ARE YOU CURRENTLY ENROLLED OR PLAN TO ENROLL IN ANY
OFF-CAMPUS COURSES? IF SO, LIST THE COURSE(S) HERE AS PART OF YOUR TOTAL
LOAD:

Course Prefix	Course Number	Section Number	Course Title	Credit Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Hours (including off-campus courses) _____

Advisor Signature: _____ Date: _____

- For Office Use Only -

Provost or BHCSS Dean Signature: _____ Approved / Denied: _____
(BHCSS Dean only required if student taking more than 13 credits w/ Academic Standing hold) (Date)

Hrs Earned/Attempted: _____ Cum G.P.A. _____ #Cr. Approved _____

The following signatures are required only if a student has been approved to take over 18 credit hours for the semester:

Student Accounts: _____ Date: _____

Financial Aid: _____ Date: _____