REQUEST FOR OVERLOAD

Name of Student ___________________________ M# (no SSNs) __________________ Today’s Date ____________________

Student’s Phone ___________________________ Major __________________ Department __________________

Undergraduate _______ Graduate _______

Fall _______ Spring _______ Summer ________ (circle one) Year _______

NOTE: The following sections must be completed fully or your request will be denied.

Number of Hours desired _______
Total Hours Earned _______
Grade Point Average _______

If Summer, show hours per session:
Session I ______ Session II ______
Session III ______ Session IV ______

REASON FOR REQUESTING OVERLOAD (check all that apply)

_____ 1. Quality Point Average
_____ 2. Candidate for Degree next Convocation ________ (semester)
_____ 3. Repeating _____ hours
_____ 4. Other (Explain) ____________________________

__________________________________________
Signature of Advisor

Advisor (Please print name)

RETURN THIS FORM TO:

__________________________________________
Dr. Zeny Panol, Associate Dean
College of Mass Communication

Approved for _______ hours Denied_______

Reason for denial __________________________

GPA Requirements:
• to obtain a 1 hour overload: 3.0
• to obtain a 2+ hour overload: 3.5
• or must be in your last semester to graduate

__________________________________________
Date