

REQUEST FOR OVERLOAD

Student's Name	M # (<i>No Social Security #'s</i>)	Today's Date
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Student's Major	Department of Major
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Check One:

Undergraduate _____

Graduate _____

Semester Requesting Overload

Circle Semester

Fall, Spring, Summer _____

Year _____

Total Numbers of Hours Requested _____

Total Hours Earned to Date _____

Grade Point Average _____

Reason for Requesting Overload:

(Please check the appropriate reason)

_____ Grade Point Average (21 hours may be approved if student has 3.5 GPA – this is an average of ALL college work.)

_____ Candidate for degree at next convocation

_____ Repeating _____ hours

_____ Other reasons: explain

Statement by advisor: I recommend that the above named student be authorized to take an overload as requested in the semester as designated.

Advisor Name and Extension (please print)	Advisor Signature
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PLEASE RETURN THIS FORM TO THE DEAN'S OFFICE,
TODD HALL ROOM 231. IF YOU HAVE QUESTIONS PLEASE CALL
615-898-5089.