

OVERLOAD REQUEST FORM

INSTRUCTIONS: Complete form and submit to the Registrar's Office.

Name _____ Date _____

Student Number _____ Campus P.O. Box _____

Address _____

Total semester hours for semester in which overload is being requested? _____

Semester _____ Cumulative SH Completed _____

Anticipated graduation date _____

Cumulative Grade Point Average _____ Last semester grade point average _____

Detailed Explanation Concerning Request:

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

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Request Approved _____ Request Not Approved _____

Registrar's Signature _____ Date _____