



OVERLOAD PETITION FORM

Student Name: _____ Student ID #: _____

Major: _____ Box #: _____ Cell Phone # _____

GUIDELINES:

- 1) A normal semester course load entails four to five courses (usually 12 to 17 credits).
- 2) Approval to schedule an overload is contingent upon a student's demonstrated ability. Policy requires a 2.500 minimum G.P.A.
- 3) An approved "overload" will be subject to additional charges.
- 4) Requests must be completed and recommended by the student's Academic Advisor before the courses can be approved and scheduled by the Registrar's Office.

~~~~~

Course requested as overload: \_\_\_\_\_

Reason for this request: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

~~~~~

Comments/Conditions: _____

Recommended by: _____

(Academic Advisor)

Date: _____

~~~~~

Registrar's Office Use:

\_\_\_\_\_ G.P.A.      Approved \_\_\_\_\_      Denied \_\_\_\_\_

Associate Registrar: \_\_\_\_\_

Date: \_\_\_\_\_