COURSE OVERLOAD PERMISSION FORM

Name: ___________________________ Student I.D. # ___________ Date: _________

Major: ___________________________ Cumulative GPA ___________ Year Fr. So. Jr. Sr.

Overload Requested:

   Department: ___________________________ Course Number: ___________
   Course Title: ___________________________
   Number of Overload Credits: ___________________________
   Regular Credit Load: ___________________________
   Total Credits to be carried: ___________________________

Reason for request:

Faculty Advisor Recommendation:

Signature: ___________________________ Date: ___________________________

Chairperson Action:

Request is Approved: ___________ Disapproved: ___________________________

Reason: ___________________________

Signature: ___________________________ Date: ___________________________

Note: Upperclassmen form to be retained in Departmental Office.