



Overload Approval Form

Cum GPA: _____

I request an approval of _____ credit hours **total** for the following semester/term:

| | | |
|-----------------|-------|--------|
| Fall Semester | _____ | (year) |
| Spring Semester | _____ | (year) |
| First Summer | _____ | (year) |
| Second Summer | _____ | (year) |

| Seq. No. | Dept. | Course No. | Sect. No. | Credit Hours | Instructor's Name | Prereqs Met? | | Prereqs Waived by: Advisor/Dean |
|----------|-------|------------|-----------|--------------|-------------------|--------------|----|------------------------------------|
| | | | | | | Yes | No | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Student's Name

Student ID Number

Advisor's Name

Advisor's Department

Dean of Student's Major Signature

Vice President of Academic Affairs Signature

*A student may **not** enroll (*including correspondence courses, extension courses, and by concurrent enrollment at another college or university*) for more than **18 credit hours** during the **Fall** or **Spring** Semesters or **seven credit hours** in a **Summer** term without prior written approval.

*Please note that the Vice President of Academic Affairs' signature is required **only** when the **total number of hours exceeds 21 hours** during the **Fall** or **Spring** Semesters, **seven hours** for each **Summer** term.

Completed form should be returned to the Office of the Registrar.