



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.