

# OVERLOAD APPROVAL

Student ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Complete Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Request permission to carry \_\_\_\_\_ hours in the Fall Spring Summer 20\_\_\_\_\_  
(Circle Semester)

A student may register for 18 hours per term without seeking special permission. In order to register for more than that stated above, the student must have a cumulative grade point of 3.00 or better and the recommendation of his/her faculty advisor. Final approval of this request rests with the Registrar acting for the Dean of the College.

Please explain in full why you are requesting the overload registration: \_\_\_\_\_

Identify course(s) to be added: (This must be completed to be approved.)

Department	Course No.	Section	Credit Hrs.
_____	_____	_____	_____
Department	Course No.	Section	Credit Hrs.

Identify course(s) to be dropped, if denied: (This must be completed to be approved.)

Department	Course No.	Section	Credit Hrs.
_____	_____	_____	_____
Department	Course No.	Section	Credit Hrs.

Recommendation of Faculty Advisor: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_

Accepted ( ) Denied ( ) Date: \_\_\_\_\_

**I understand that there will be additional tuition charges for every credit hour over 18 hours.**

Student's signature: \_\_\_\_\_

CUM GPA: \_\_\_\_\_ Registrar's signature: \_\_\_\_\_

\*Note: This approval must be turned in to the Registrar's Office by the **first five** days of the term.