

**COLLEGE OF LIBERAL ARTS AND HUMAN SCIENCES  
REQUEST FOR OVERLOAD**

*ALL STUDENTS who wish to take more than 19 hours in a semester or 7 hours in a summer session should complete a Request for Overload form.*

I.D. Number	Last Name	First	M.I	Major	Academic Level	Overload Request for: <u>Circle One</u> Fall Spring 1 <sup>st</sup> Summer 2 <sup>nd</sup> Summer	Year
							20__

**Directions:**

1. Complete this form and present it to your advisor for his/her signature.
2. To ensure that your request will be entered prior to the University processing your schedule, return to 238 Wallace no later than 5:00 PM on the last day of the Course Request Period
2. Return this form to the **Office of Academic Affairs, 238 Wallace Hall**. You will be contacted if this Request for Overload is denied or if you need to make an appointment to speak with the Associate Dean for Academic Affairs to discuss your request. Please provide your contact information below.

**Information Needed:**

Local Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Number of hours to be taken \_\_\_\_\_ Current GPA \_\_\_\_\_ Advisor \_\_\_\_\_

Reason for Requesting an Overload:

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**IMPORTANT: This form will be used to access your schedule and edit your course request or class schedule. Please be accurate when you list Course Reference Numbers (CRN)**

Course schedule for semester for which overload is requested (**list ALL courses you wish to take; make sure you include the CRN [index #]**):

Dept.	Course #	CRN	Title	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Associate Dean's Signature Date