



Overload Approval Form

(Maximum Load – 21 Semester Hours)

Fall _____ Spring _____ Summer _____ Year 20 _____

STUDENT ID _____

NAME (PRINT) _____

LAST NAME

FIRST NAME

MIDDLE NAME

MAJOR _____

Student must have a 3.0 grade point average in the semester prior to request for 21 hours.

CLASSIFICATION (Please indicate one)

- Sophomore
- Junior
- Senior

COURSE PREFIX: _____ NUMBER: _____ SECTION: _____ TIME: _____

The above student is approved to register for _____ semester hours during _____.
(Semester, Year)

ADVISOR

DATE

DEPARTMENT CHAIR

DATE

SCHOOL DEAN

DATE

ASST. VP or VP ACADEMIC AFFAIRS

DATE