



# Academic Course Overload Request

Name: \_\_\_\_\_ ID number: \_\_\_\_\_  
 (please print)

Date: \_\_\_\_\_ Class:  FR  SO  JR  SR

Credits Completed: \_\_\_\_\_ Credits in Progress: \_\_\_\_\_ Cum GPA: \_\_\_\_\_

This is a request for:  
 Fall Term \_\_\_\_\_ Spring Term \_\_\_\_\_

Reason for Overload: \_\_\_\_\_

Proposed \_\_\_\_\_ Term Schedule: \_\_\_\_\_ Total Credits Requested: \_\_\_\_\_

Please list all proposed courses:

Department	Course	Section #	Credits

**NOTE: Please attach a current advising transcript and a copy of your current schedule to this form. Your request will not be processed without your advisor's signature.**

Advisor (print) \_\_\_\_\_ Advisor Signature \_\_\_\_\_

Advisor comments: \_\_\_\_\_

**Signature:**  
 Dr. Joan Griffin \_\_\_\_\_  
*Dean of Art/Sciences (Humanities Building c/o Randy Toland)*  
 Or  
 Dr. Charles Maxey \_\_\_\_\_  
*Dean of School of Business (Business Majors)*