Course Overload Request Form

(For HHS Advisees only)

Name: ___________________________________________ Student ID #: ____________________

Telephone: ( ) __________________ Email: __________________________________________ Current GPA: ______

Classification (Circle one): FR SO JR SR Major: _________________________________________

I. Term of course overload (Circle one):
   Fall Spring &/or Winter Summer I Summer II
   ***Winter Session credits count toward total maximum Spring credit hours***

II. How many total credit hours do you propose to take? __________________

III. Using the table below, list ALL the courses you plan to take during your overload semester:

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<thead>
<tr>
<th>Course Prefix and Number</th>
<th>Section Number</th>
<th>Credit Hours</th>
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IV. Please provide a clear and concise explanation describing your reason(s) for this request.

Student Signature: ________________________________ Date: __________________________

***An email response will be provided within two business days***

FOR OFFICE USE ONLY

Approved _____ Denied _____ Advisor Signature____________________ Date _______________

Notes: __________________________________________________________________________

________________________________________________________________________________

Updated in Banner? ☐