

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:

Course Prefix and Number	Section Number	Credit Hours

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? <input type="checkbox"/>