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:

<table>
<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: ____________________________________________________________________________

________________________________________________________________________________________

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