OVERLOAD REQUEST FORM

Texas Wesleyan
OFFICE OF STUDENT RECORDS

registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____   Student ID: _____

Major: _____   Overall GPA: _____

Minimum of 3.0 cumulative GPA required

II. SEMESTER INFORMATION

Year: _____

Semester:
☐ Summer   ☐ May
☐ Fall   ☐ Winter
☐ Spring

Session:
☐ I   ☐ III
☐ II   ☐ Extended

III. SCHEDULE INFORMATION (List ALL courses you are enrolled in for the semester)

	Subject Prefix (ENG)	Course Number (1301)	Section (01)	Credit Hours (3)
1				
2				
3				
4				
5				
6				
7				
8				
9				

Fall or Spring Semester
Undergraduate - 19 hours or more
Graduate - 13 hours or more

Summer Semester
Undergraduate - 8 hours or more
Graduate - 13 hours or more

7-Week Session
Undergrad/Graduate – 7 hours or more

IV. OVERLOAD COURSE (List course you are seeking permission to register for an overload)

	Subject Prefix	Course Number	Section	Credit Hours
10				
11				

This change will bring total enrollment for the semester to _____ **(total) credit hours**.

Reason for overload: _____

V. REQUIRED SIGNATURE

I am aware that I will be responsible for any additional charges incurred as a result of this additional enrollment.

Student Signature: _____   Date: _____

VI. APPROVAL SIGNATURE

Academic Advisor Signature: _____   Date: _____

Dean Signature: _____   Date: _____

Enrollment into the overload course is processed when the completed form is submitted to the Office of Student Records.

For Office of Student Records Use Only

Processed by: _____   Date: _____