



Request for Overload

19 hours or more – Fall or Spring Semester
8 hours or more – Summer Semester

FILL OUT COMPLETELY

Name _____ ID # _____
Major _____ Date _____
Total Semester Hours Completed _____ Overall GPA _____
Expected Date of Graduation _____ ***Minimum of 3.0 cumulative GPA required***
Teaching Certification: Yes _____ No _____ When teaching? _____
Semester _____ Year _____

List ALL courses you are enrolled in for this semester.

EXAMPLE: ENG-3312-01W

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

****The course that created this "Overload":** _____

Reason for overload: _____

Major Advisor's Name

Signature

Major Dean's Name

Signature

Date