



Kent State University Request for Overload

This form does NOT need to be completed if you meet the following criteria:	
2.500 – 2.749	1 semester credit hour
2.750 – 2.999	1-2 semester credit hours
3.000 – 4.000	1-3 semester credit hours

This form is to be used to request approval for overload hours for all semesters and probation limitations. Students

Complete the form below and deliver it in person to your advising office.

Please be aware your advising office may require you to submit additional information before the

Name _____ Banner ID# _____

Kent e-mail _____@kent.edu Phone _____ Cumulative GPA _____

I request a total of ____ credit hours for (indicate term and year) Fall 20____; Spring 20____; Summer 20____

Please explain the reason for this request

You must complete the reverse side of the form providing your entire intended schedule for the semester, as well as your signature in order for your request to be reviewed.



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Below please list all classes you plan to take in the semester you are requesting an overload.

Course Name <i>(w/Session, if Summer)</i>	Department	Course Number	Hours

The college advising office will contact you via your Kent State e-mail within **two business days** of receiving this request. If you do not receive notification within that time, please contact your advisor.

I understand if my request for a course overload is approved, I am responsible for registering myself for the additional hours. Please be aware you are unable to add a course after the second week of the semester.

Student Signature _____

Date _____

College Approval _____

Date _____

Result of Request (please circle): Approved or Denied

Date _____