REQUEST FOR OVERLOAD
(ONE SEMESTER)

Name ___________________________ Banner ID ___________________________

Phone ___________________________ Email ___________________________

Major __________________________ Hours Completed _______ Cumulative GPA _________

Dissertation Yes ______ No ______

Term Overload Requested Fall _______ Spring _______ Summer _______

Total number of hours request for term selected above _________

Please list ALL of the courses you plan to register for during the term indicated. Be sure to use course prefix, course number, and title.

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<tr>
<th>Department and Course Number</th>
<th>Course Title</th>
<th>Number of Hours</th>
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University policy allows students to register for a maximum of 6 hours in Summer 1 and 3, 10 hours in Summer 2, 10 hours overlapping Summer 1 & 2 or Summer 2 & 3, 12 hours for all summer sessions combined. The maximum number of hours for Fall or Spring is 16.

In order to have an overload considered for approval, you must present a substantive written rationale for the overload. The written rationale with the appropriate approvals should be completed and returned to the Office of Graduate Student Services, 418 White Hall where the Dean’s signature may be obtained. Please use the back of this form to explain your request. Be sure to address reasons why you are unable to enroll for the class at another time.

Associate Dean for Administrative Affairs
And Graduate Education ___________________________ Date ______________

(Please complete other side)
Rationale

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Signed ___________________________________________ Date ______________

If your request is approved, the maximum credit hour limit will be adjusted in the computer by the Office of Graduate Student Services as soon as possible.

Please return this form to 418 White Hall

Entered by: ____________________________ Date: ______________