



**Office of the Registrar
Graduate Overload Approval Form
Winter/Summer Term**

PROCEDURE:

1. Student completes form and obtains signatures.
2. Student returns completed form to Office of the Registrar.
3. Office of the Registrar registers student for approved overload.

Student Name: _____ Student ID: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Summer Term

Students requesting to take more than 4 hours in the May, June I, June II, July I and July II three-week sessions need approval from the Advisor, Department Head, and Dean of your program.

Total Credit Hours for three-week session: _____

Students requesting to take more than 6 hours in the May, June I, June II, July I and July II four–eight sessions need approval from the Advisor, Department Head, and Dean of your program.

Total Credit Hours for four–eight week session: _____

Winter Term

Students requesting to take more than 4 hours in the Winter Term need approval from the Advisor, Department Head, Dean of your program.

Total Credit Hours for Winter Term: _____

Course(s) Involved in Overload

Term: _____ CRN#: _____ Course ID: _____
Subject Course Section

Term: _____ CRN#: _____ Course ID: _____
Subject Course Section

Student GPA: _____

Anticipated Date of Graduation: _____

Brief Explanation for overload:

Advisor Signature _____

Department Head Signature _____

Dean Signature _____

Revised 1/2021