

Overload Registration *

A. Student Request

Student Name _____ Date _____ Class _____

Cumulative GPA _____ Major 1 _____ Major 2 _____

Number of hours without overload _____
Credit Hours _____ Non-Credit Hours _____ Audit Hours _____

Number of hours with overload _____
Credit Hours _____ Non-Credit Hours _____ Audit Hours _____

Course(s) that credit the overload:

<u>Course No.</u>	<u>Course Title</u>	<u>CrHrs.</u>	<u>Non-CrHrs.</u>	<u>AuditHrs.</u>

Reasons for taking the overload course(s): _____

List extra-curricular activities:

1. _____ 3. _____
2. _____ 4. _____

Student's Signature _____

B. Academic Advisor Comments

Approved Rejected _____
Date Academic Advisor's Signature

C. Dean of Students' Comments

Approved Rejected _____
Date Dean of Students' Signature

D. Vice President for Academic Affairs' Decision

Approved Rejected _____
Date Vice President for Academic Affairs' Signature

* Student completes Part A and obtains the signatures of the Academic Advisor, Dean of Students and Vice President for Academic Affairs. The student and Academic Advisor receive a copy indicating the decision of the Vice President for Academic Affairs.

+ Student must have a minimum cumulative GPA of 3.0.

For Office Use:	Copy to: VP-AcadAffairs ()	Academic Advisor ()	Student ()
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