OVERLOAD REQUEST FORM

TO BE COMPLETED BY STUDENT:

NAME: _____   U.I.N.: _____

DEGREE PROGRAM: _____   PROBABLE GRADUATION DATE: _____

CLASSIFICATION: _____

I request that I be allowed to register for an overload of _____ hours during the _____ semester

of _____ (year). My latest overall Grade Point Ratio (GPR) is _____.

_____
Student's Signature

APPROVAL RECOMMENDED: _____
Advisor's Signature

_____
Department Head's Signature

*APPROVED: _____   _____
      Department Head   Date

* Department Head's signature is not required if student's Grade Point Ratio is 3.000 or above.