

* *Please return the Form to ARD*

Course Overload Form

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| Student Information |
| Student Name |  | Academic Year |  |
| Student ID |  | Semester |  |
| Current Major |  | College |  |

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| --- |
| Student Academic Record |
| Cumulative GPA |  | Last Semester GPA |  |
| Total Credit Hours Earned |  | Total Credit Hours requested this semester |  |
| Verified by (registration officer): |  | Date: |  |
| Reason(s) for Requesting Courses Overload |
|  |

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| --- |
| Required Signatures |
| Student Signature |  | Date: |  |
| Academic Advisor |  | Date: |  |
| Department Chair |  | Date: |  |
| College Dean |  | Date: |  |
| Admissions & Registration Department |  | Date: |  |