



* *Please return the Form to ARD*

Course Overload Form

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |
|  | | | | | | |

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