



Request for Overload

19 hours or more – Fall or Spring Semester
8 hours or more – Summer Semester

Name _____ ID # _____
Major _____ Date _____
Total Semester Hours Completed _____ Overall GPA _____
Expected Date of Graduation _____ ***Minimum of 3.0 cumulative GPA required***
Teaching Certification: Yes _____ No _____ When teaching? _____

List courses for overload:

Semester _____ Year _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Reason for overload: _____

Major Advisor's Name Signature Date

Dean's Name Signature Date