

Request for Graduate Overload Form
College of Graduate Studies



Name _____

MTSU ID # _____ Program _____

Semester _____ Number of Hours Requested _____

List all courses you will take this overload term. (If summer semester, indicate total number of hours to be taken for the entire term.)

COURSE NUMBER	COURSE NAME	SEMESTER HOURS

Reason(s) for Requesting the Overload:

_____ Course(s) is/are not available in the near future.

_____ I am a candidate for a graduate degree next commencement.

_____ I am repeating _____ hours.

_____ Other: Explain _____

 Graduate Student Signature

 Date

 Graduate Program Director/Advisor Signature

 Date

 Graduate Analyst Signature

 Date