

REQUEST FOR OVERLOAD

STUDENT NAME: _____ **TODAY'S DATE:** _____

STUDENT M#: _____ **STUDENT MAJOR:** _____

DEPARTMENT OF MAJOR: _____

CHECK ONE: Undergraduate ___ or Graduate ___

CHECK SEMESTER REQUESTING FOR OVERLOAD: ___ FALL ___ SPRING ___ SUMMER, YEAR:

TOTAL # HOURS REQUESTED OVERLOAD: (PLEASE CHECK THE APPROPRIATE REASON)

___ **GRADE POINT AVERAGE (21 HOURS MAY BE APPROVED IF STUDENT HAS 3.5 INCLUSIVE GPA- THIS IS AN AVERAGE OF ALL COLLEGE WORK.)**

___ **CANDIDATE FOR DEGREE AT NEXT COMMENCEMENT**

___ **REPEATING _____ HOURS**

___ **OTHER REASONS: EXPLAIN BELOW**

STATEMENT BY ADVISOR: I RECOMMEND THAT THE ABOVE NAMED STUDENT BE AUTHORIZED TO TAKE AN OVERLOAD AS REQUESTED IN THE SEMESTER AS DESIGNATED.

ADVISOR NAME AND EXTENSION (PLEASE PRINT): _____

ADVISING MANAGER SIGNATURE:

DATE: _____

KEEP A COPY OF THIS FORM IN THE STUDENT'S FOLDER AND GIVE ORIGINAL TO CLA ADVISING MANAGER FOR APPROVAL. ONCE APPROVAL IS RECEIVED, ENTER EXTENDED HOURS ON SFAREGS AND INCLUDE NOTE IN SUPPLEMENTAL DATA AND INITIAL NOTE.