

Overload Request Form

College of Business

*This form must be completely filled out, approved by your advisor and department chairperson and submitted to the Dean's Office, 101 Kelce Center. **Attach a copy of your transcript, current class schedule and your degree audit to this document.***

Name: _____

Student ID: _____

Major: _____

Current Overall GPA: _____

Total Hours Requested with Overload: _____

Intended Graduation Date: _____

Overload semester: Fall Spring Summer 20____

Reason for request: *(Provide a detailed explanation of your request. Use additional pages if needed)*

Student Signature: _____

Date: _____

Take this form filled out to your advisor.

I have talked with my advisee about the request for additional credits and the implications of taking on an additional course. We have agreed that this is the best solution to address my advisee's concerns.

Rationale for overload:

Advisor Signature: _____

Date: _____

Take this form to the department chairperson.

I am aware of this request and agree with it.

Chairperson Signature: _____

Date: _____

Take this completed form to the Deans Office, #101 Kelce Center.

Dean Signature: _____

Date: _____

Signed form to be routed back to major department and placed in student's file.