

Overload Request Form

Kelce College of Business

This form must be completely filled out, approved by your advisor and submitted to the Dean's Office, 101 Kelce Center. Attach a copy of transcript, current class schedule and degree audit to this document. (Note: a 3.0 cumulative GPA is minimum for overload consideration.)

Name: _____ Student ID #: _____

Email Address: _____ Major: _____

Current Overall GPA: _____ Intended Graduation Date: _____

Total Hours Requested with Overload: _____

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: _____

Forward completed form to KUSB Associate Dean/Chair of the Faculty, 114 Kelce.

☐ I approve this request.

Chair of the Faculty/
Associate Dean

Signature: _____ Date: _____

Forward completed, signed form to the Deans Office, 101 Kelce, to enter over-ride.

Approved form to be placed in student's academic file in Advisors office.