**Overload Request Form**

**College of Technology**

***This form must be completed, approved by your academic advisor and department chairperson and submitted to the Dean in S101 KTC. You and your academic advisor will be notified of the decision by email.*** ***Attach a copy of your PSU transcript, current class schedule and your degree audit.***

Name: Student ID:

Major: Grade Point Average:

Total Number of Hours Requested: Intended Grad. Date:

Overload semester:  Fall Spring Summer

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

Student Signature: Date:

***Take this form to your academic advisor.***

1. 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 advisees concerns.

Rationale for overload:

Advisor Printed Name/Signature: Date:

***Take this form to the department chairperson***.

1. I am aware of this request and agree with it.

Rationale for overload:

Chairperson Printed Name/Signature: Date: \_\_

***Take this completed form to the Dean’s Office, S101 of the Kansas Technology Center.***

Dean Signature: \_\_\_\_\_\_\_ Date:

*Updated 11.1.12*