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. <u>Attach a copy of your PSU transcript, current class schedule and your degree audit.</u>

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.

☐ 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.

☐ 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: _____