



OVERLOAD REQUEST FORM

I request an OVERLOAD for the Fall _____ Spring _____ 20 _____ semester.

ID# _____ Name _____ Campus Box _____

Major: _____ Current Class: FR _____ SO _____ JR _____ SR _____

Address: _____
Street City State Zip

Cumulative Grade Point Average (GPA): _____

I wish to be registered for a total of _____ semester hours (SH).

My reason for this is:

Approved: _____ For: _____ SH

Denied: _____ Dean _____ Date _____